

# **UPPER PASSAIC COUNTY – ST. ANTHONY’S OF PADUA BUTLER CYO**

## **APPLICATION TO PARTICIPATE IN THE UPPER PASSAIC COUNTY - BUTLER CYO BASKETBALL PROGRAM**

Name: \_\_\_\_\_ Boys B-Ball \_\_\_\_\_ Girls B-Ball \_\_\_\_\_ Cheer \_\_\_\_\_

Address: \_\_\_\_\_ Parents First Names: \_\_\_\_\_

SAS Parishioner \_\_\_\_\_ SAS Student: \_\_\_\_\_ Non SAS Parishioner Catholic what Parish : \_\_\_\_\_ Non Catholic \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I/We, the parents of the named candidate applying to participate for a position on the Upper Passaic County - Butler CYO Basketball/Cheerleading Program hereby give my/our approval to his/her participation in any and all basketball/cheerleading program activities.

I/We certify the named candidate above is in good physical condition. I/We further agree that the Upper Passaic County – Butler CYO basketball/cheerleading program is under no obligation to provide a physical examination or other evidence of fitness to participate in this program, the same being my/our responsibility.

**PLEASE INDICATE ANY PHYSICAL LIMITATIONS (i.e.: ALLERGIES, HEARING, SIGHT, ETC.) :**

\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF THE APPLICANT.**

I/We carry Medical and Hospitalization Insurance YES: \_\_\_\_\_ NO \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Check# \_\_\_\_\_ Cash Amount: \_\_\_\_\_

**\*\*\*COPY OF INSURANCE IDENTIFICATION, BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE  
MUST BE ATTACHED\*\*\*PLEASE E-MAIL FORM TO [SPMEFFORD@AOL.COM](mailto:SPMEFFORD@AOL.COM)**