

## CYO BASKETBALL HOLY NAME PARISH 2015-2016

- Games played at Sullivan-McCarrick CYO Hall on Anawan street in Fall River.
- Usually about 2 games a week. Younger children usually have early games.
- Practices usually at Holy Name school Gym. Some at CYO. Depending on Coach. Coach determines practice night.
- \$50 fee . If two or more players \$75.
- Pizza party, awards at end of season for players and parents.
- Additional questions: Paul Doiron Cyo co-ordinator phone # 5086750405.

**HOLY NAME CYO APPLICATION**

Name: \_\_\_\_\_ M F (circle one)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ D.O.B \_\_\_\_\_ School: \_\_\_\_\_

Parish: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY INFORMATION:**

In the event of an emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Carrier: \_\_\_\_\_

Subscriber: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

**PLAYER INFORMATION:**

Have you ever participated in this sport before? \_\_\_\_\_

What teams and levels did you play? \_\_\_\_\_

Name someone who you might want to be on a team with: \_\_\_\_\_

**Holy Name School  
850 Pearce St.  
Fall River, MA 02720**

**Liability Waiver/Insurance Verification**

I give authorization for my child/dependent \_\_\_\_\_ to  
participate in activities sponsored by the Holy Name School Athletic Department.  
I release Holy Name school, Coaching Staffs, and Assistants from liability in the event of  
injury

(Please initial appropriate verification)

\_\_\_\_\_ In the event of a medical emergency, I give permission for my  
child to be seen and/or treated by a physician.

\_\_\_\_\_ In the event of a medical emergency, I do **NOT** give permission  
for my child to be seen and/or treated by a physician.

In the event of an emergency contact:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Name of insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date