

**Saint John Vianney  
Catholic Youth Organization Basketball  
Registration Form**

Name of Player(s): \_\_\_\_\_

Last Name

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

Parent Name(s): \_\_\_\_\_

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

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

Please enter Age and Grade as of September 2011:

Player #1:

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_ Gender: M ( ) F ( )

Returning Player : ( ) Yes ( ) No (If No, Please include copy of Birth Certificate)

Catholic: ( ) Yes ( ) No Registered Parishioner at SJV: ( ) Yes ( ) No

Did you attend Faith Formation class last year at SJV? ( ) Yes ( ) No

Player #2:

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_ Gender: M ( ) F ( )

Returning Player: ( ) Yes ( ) No (If No, Please include copy of Birth Certificate)

Catholic: ( ) Yes ( ) No Registered Parishioner at SJV: ( ) Yes ( ) No

Did you attend Faith Formation class last year at SJV? ( ) Yes ( ) No

Player #3:

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_ Gender: M ( ) F ( )

Returning Player: ( ) Yes ( ) No (If No, Please include copy of Birth Certificate)

Catholic: ( ) Yes ( ) No Registered Parishioner at SJV: ( ) Yes ( ) No

Did you attend Faith Formation class last year at SJV? ( ) Yes ( ) No

Fee (Please Circle one): Single player: \$220.00 Multiple Players \$440.00

Check No. \_\_\_\_\_

Please return the appropriate fee to:  
Saint John Vianney CYO Basketball  
1650 Ygnacio Valley Road  
Walnut Creek CA 94598

If you are interested in one of the volunteer jobs below please indicate:

( ) Coach ( ) Assistant Coach ( ) Team Parent

No Guaranteed Team Assignments.

No refunds after team assignments are made except for Injury or relocation.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_, 2011