



## 2010 Fall CYO Basketball Tournament Registration

Boys and girls entering grades 4-8 at St. Augustine School who participated in either our 2009/2010 CYO basketball season and/or those who participated in our 2010 Summer Basketball Clinic or those who have registered to participate in our 2010/2011 CYO basketball season are invited to join the St. Augustine fall basketball tournament. This is a free event; there is no cost to participate. To participate in the tournament please email Bill Mills ([mills56@verizon.net](mailto:mills56@verizon.net)) as soon as possible and return the signed and completed form below no later than Wednesday August 25. The tournament will be broken into two age groups with a single elimination format with consolation games for each age group so everyone will play two games. The coaches will meet on August 27 to select teams so we must know who will participate by August 25. First round games are planned to be held on September 1 and September 2 with second round games on September 7, and September 10. Each student would play one first round game and one second round game.

Please complete the form below and return it to school in an envelope marked "CYO basketball" by Wednesday August 25 or email to Bill Mills at [mills56@verizon.net](mailto:mills56@verizon.net) or mail it to Bill Mills at 1805 Cruet Lane Severn, MD 21144. Please feel free to contact Bill Mills at [mills56@verizon.net](mailto:mills56@verizon.net) or call 410-551-6331 (before 9PM please) should you have any questions.

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In consideration for the wholesome recreation experience in which my child will participate, I/we as parent(s) or guardian(s) of \_\_\_\_\_ allow my child to participate in the St. Augustine Fall Basketball Tournament. By so permitting my child to participate, I/we expect reasonable and adequate supervision of my child. It is thus agreed that I/we will hold St Augustine School and church and the Roman Catholic Archbishop of Baltimore and employees and volunteers harmless from all liability and all legal proceeding arising from any injuries connected with the games. I hereby grant permission to the adults in charge to obtain medical care from a licensed physician hospital or medical clinic for my child in the event that I/we cannot be reached. Further I hereby inform the pertinent medical personnel that there are/are not medical condition(s) that they should be aware of as attached to this form. My child I covered by medical insurance with \_\_\_\_\_ and Policy number \_\_\_\_\_.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Boy\_\_ Girl \_\_ Grade \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

If player has a uniform, what is the jersey number? \_\_\_\_\_

If you need a uniform, please indicate the size below (shorts and jerseys must be the same size)

\_\_YS \_\_YM \_\_YL \_\_YXL \_\_AS \_\_AM \_\_AL \_\_AXL