



ST. ROCCO BASKETBALL 2016-2017 SEASON REGISTRATION



**FOR BOYS AND GIRLS IN GRADES 1 & 2
and
BOYS AND GIRLS AGED 4 & 5
(PRE-K & KINDERGARTEN – must be 4 by December 1st)**

**TO REGISTER, MAIL THIS FORM TO
City of Glen Cove, Parks & Recreation
9 Glen Street, Room 206 Glen Cove, NY 11542
OR DROP OFF DURING BUSINESS HOURS**

SEASON: December 3, 2016 through February, 2017

GAMES: Scheduled games will be on Saturdays or **possibly** Sundays

COST: \$70.00 per player (grades 1 & 2) \$50 per player (Pre-K & K)
Checks payable to Church of St. Rocco

COORDINATOR: Lou Larice, in conjunction with Glen Cove Parks and Recreation
Contact: Maggie 516 676-3766/maggie@cityofglencoveny.org

Participant Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Date of Birth: _____ Shirt size: _____ Height/Weight: _____ Male/Female: _____

Home phone: _____ E-mail: _____

In case of emergency:
Contact name: _____ Phone number: _____

I certify that my son/daughter is in good health and I give him my permission to participate fully in the St. Rocco CYO Basketball program. I also understand that my child's failure to abide by the program's code of conduct can result in his suspension or dismissal from the program.

Parent/Guardian Signature: _____ Date: _____

Are you interested in coaching a team? YES _____ NO _____
Are you interested in sponsoring a team? YES _____ NO _____ (\$100 per team)
Are you interested in sponsoring a child? YES _____ NO _____ (\$50/\$70 per player)

Check # _____ Cash _____

PLEASE NOTE: GLEN COVE RESIDENCY IS NOT REQUIRED TO PARTICIPATE

