

OLSS HIGH SCHOOL CYO BASKETBALL

Player's Name: _____

Date of Birth: _____

Player's Address: _____

Home #: _____ **Cell #:** _____

High School: _____

Circle one:

Freshman

Sophomore

Junior

Senior

Parent(s) Name: _____

Prior Basketball: (CYO Team & Parish) _____

Check # _____ **Cash** _____

I, _____, a player on an OLSS High School Basketball team, have read, understand, and agree to abide by all CYO rules, regulations and policies. I understand that if I act in a manner in opposition to CYO policies, I will be banned from all further participation in the CYO league. I understand that OLSS has a zero tolerance policy and will conduct myself in a manner that will not embarrass me or OLSS.

Signature of Player _____

Date _____