

Our Lady Star of the Sea CYO Baseball/Softball Registration Form

Child's Name: _____

Address: _____

Grade: _____

School: _____

Phone #: _____

Cell#: _____

E-mail Address: _____

D.O.B. _____

Parish: _____

Emergency Contact:

Name: _____

Phone #: _____

Child's Physician and #: _____

Does your child have any restrictions for playing athletics? _____

Specify: _____

Fee:

(K, 1 & 2) \$ 85

(3rd - 8th) \$125

Amount paid: _____

Check #: _____