



New Albany Deanery Catholic Youth Ministries

2016-2017 High School Athletics

Individual Participant Registration Form

Name: _____ Parish: _____

Address: _____ School: _____

City/St/Zip: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I am registering for:

_____ NADCYM Boys Basketball

_____ NADCYM Girls Basketball

Please make the check payable to your parish for your basketball fees.

I give _____, my son/daughter, permission to participate in the Athletic Ministry of my parish and the New Albany Deanery. In case medical treatment is needed, please take appropriate measures and contact me as soon as possible. I can be reached in an emergency at:

Parent emergency phone #: _____

Parent Signature

Date