



St. John Neumann Roman Catholic Church

157 Middleboro Road/
P.O. Box 718
East Freetown, MA 02717

Parish Office 508-763-2240
Fax 508-763-3040

CYO Basketball Registration

Name: _____

Address: _____

Phone: _____

Grade: _____ D.O.B. _____

St. John Neumann Parishioner Yes _____ No _____ (if No) Church Affiliation _____

Parent/Guardian: _____

Address: _____

(If same as above leave blank)

Emergency Information:

In the event of an emergency contact: _____

Relationship: _____ Phone: _____

Dentist: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Information:

Name of Insurance Company: _____

Policy #: _____

Policy Holder: _____

Player Information:

Have you ever participated in this sport before? _____

What teams and levels did you play? _____

Name someone who you might want to be on a team with: _____

Player fee is \$110 per player (2) players \$210. Please make checks payable to: *St. John Neumann CYO Basketball*