

## Transfiguration C.Y.O. Registration Card

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

### **Eligibility Priority**

Attending C.C.D.?    \_\_\_\_\_ No    \_\_\_\_\_ Yes\*\*

If yes: Grade: \_\_\_\_\_ Previous Teacher: \_\_\_\_\_

\*\*this information will be verified once 12-13 CCD registration is complete. All "out of boundaries" players MUST BE in their 2nd year of CCD and maintain an average of 90% attendance in order to remain on a team. A signed copy of the Transfiguration C.Y.O./C.C.D policy MUST accompany this registration.

Parishioner	_____ Yes	_____ No
Returning Player	_____ Yes	_____ No
New Player	_____ Yes	_____ No

Documents Received:	
Proof of Residence	_____ Yes
Proof of Age	_____ Yes
Fee	_____ Yes

### **Uniform Sizes** (Please circle)

Jersey:	Youth	M	L	XL	Adult S	M	L	XL	XXL
Shorts:	Youth	M	L	XL	Adult S	M	L	XL	XXL