



**St. Katherine of Siena CYO
2019 SKS ALUM Basketball Clinic
Grades K-2**

Cash
 Check # _____

Fee: \$50.00

Tshirt size: _____

Athlete Information

Name	Grade/School
_____	_____

Parent(s) Name: _____

Phone Number: Home: _____ **Cell:** _____

Email Address(es): _____
(Required for CYO News and Updates)

_____ *I give SKS CYO permission to take photographs and /or video of my child. These photos/videos can be used on CYO Social Media, SKS School Website, print in The Siena and/or possible usage in the SKS School Yearbook.*

Parent Signature: _____