



**ST. JOSEPH BASKETBALL**  
**5<sup>TH</sup> & 6<sup>TH</sup> GRADE Boys**  
**REGISTRATION FOR 2009-10 SEASON**

By enrolling a child in the St. Joseph Basketball Program, a parent/guardian agrees that the child is physically and mentally able to participate in this kind of activity and releases the St. Joseph School, the St. Joseph Parish, the coaches and the Program staff from any liability.

**PLEASE PRINT SO WE CAN READ ALL OF THE INFORMATION:**

**Player's Name:** \_\_\_\_\_

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

**Phone (home):** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Email (print clearly):** \_\_\_\_\_

**Grade as of Sept 2009:** \_\_\_\_\_ **Height:** \_\_\_\_\_ (or indicate tall, average, or short)

**Shirt size:** \_\_\_\_\_ (adult sizes)

**MANDATORY: Will your child play:**

**Hockey** \_\_\_\_\_ **CYO** \_\_\_\_\_ **Metrowest** \_\_\_\_\_ **Other conflicts** \_\_\_\_\_

**Parent is willing to :**

**Head Coach:** \_\_\_\_\_

**Time Keeper:** \_\_\_\_\_

**Asst Coach:** \_\_\_\_\_

**Score keeper:** \_\_\_\_\_

**Coaches must contact the league Director and fill out a Cori form/CAP release**

**Coaches must be willing to referee games.**

**Name of Parent /Guardian:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_

**Emergency Phone (home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Medical Conditions your child's coach should know:** \_\_\_\_\_

I hereby authorize the coaches and or program staff to act for me according to their best judgement in any emergency requiring medical attention.

**Signature of parent or guardian:** \_\_\_\_\_

**Fee:** *\$125 for 1<sup>st</sup> child*     *\$100 for 2<sup>nd</sup> child*     *\$300 maximum per family*

*(note: \$25 Late Fee for registrations submitted after Oct 1, 2009)*

**Checks Payable To: St Joseph Basketball**

**Mail Reg Form and check to: Steve Blomberg, 310 Harris Ave, Needham, MA. 02492**

**Paid by check#:** \_\_\_\_\_ **paid by cash:** \_\_\_\_\_