

ST. JOSEPH BASKETBALL
7TH & 8TH 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 1st child* *\$100 for 2nd 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:** _____