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|---|
| Registration Fee \$200.00 max Per Child/Per Year Amt. _____ |
| Cash/Ck # _____ |
| Initial _____ |
| Physical Y/N _____ |
| OFFICE USE ONLY |

Holy Family Sports Registration

Boys Basketball

| | | |
|---------------------------|--------------|---------------|
| Adult/Guardian Name _____ | | |
| Home Address _____ | | |
| City _____ | State _____ | Zip _____ |
| Home # _____ | Cell # _____ | Other # _____ |
| Email _____ | | |

Participant's Name _____ **Date of Birth** _____ **Grade** _____

Boys Basketball registration form and fee must be turned in together by Friday November, 1st. Please return in an envelope marked "Boys Basketball Registration, Attn: Bart Saia/Amber Ourso".

Fees: \$80 per player – make checks payable to Holy Family Athletic Department

Please list any medical problems or allergies:

PLEASE READ AND INITIAL:

- Please respect officials, coaches, and other participants. Any player or parent displaying unsportsmanlike behavior may be removed from the game, and/or the premises, at the official's/athletic director's discretion.
- I allow my contact information to be shared with coaches and consent to them contacting me on matters related to the activity my child is enrolled in.
- I consent to allow my coach or other trained adult to provide basic first aid in the event of injury, and to tape or bandage joints as appropriate for the sport he/she will be participating in.
- By initialing this, you are indicating that you have read and understand these guidelines. _____