

MUST BE RETURNED BY 11/2/10
Catholic Middle School Athletic Association
FALL 2010/2011 REGISTRATION FORM
Sts. Philip & James School

The season will run from September through November on weekdays after school.
 A Registration Fee of \$45.00 for BASKETBALL must accompany this form. These fees will cover the cost of gyms, umpires and equipment. A separate uniform fee will be required and decided upon between the coach and the team.

Please make checks payable to: **"Sts. Philip and James School."**

I give permission for my son / daughter, _____, Grade 8 7 6
(circle one) Print Student's Full Name (circle one)
 to participate in the
 SSPJ 2010/2011 Basketball Program

Mailing Address: _____

Parent Contact Information:

_____ Mother (Or legal guardian)	_____ Father (Or legal guardian)
_____ Home #	_____ Home #
_____ Work #	_____ Work #
_____ Cell Phone or beeper	_____ Cell Phone or beeper

E- Mail address _____
(to be used for correspondence)

2nd E- Mail address _____

Name of person(s) to be contacted in emergency if parents (guardians) are not available:

Name	Phone
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Please respond to each of the following:

- 1) Will you be able to help out with coaching / assisting the team? ___Yes ___No
- 2) Will you be available to drive children to games? ___Yes ___No
(The games and practices will generally be right after school and will be held at various locations throughout Suffolk. I understand parent volunteers will be driving students to these venues.)
- 3) You understand this is a competitive athletic program, meaning playing time may vary significantly, and there is a risk of injury? ___Yes ___No
- 4) You are aware of the need to have a current sports physical and seasonal update on file with the School prior to participation, including tryouts and practices? ___Yes ___No
- 5) You provide your permission for inclusion of your child in any photos, news reports, etc. on the School team and this program that are deemed appropriate? ___Yes ___No
- 6) Are you trained in CPR / AED? ___Yes ___No

 PARENT/GUARDIAN SIGNATURE

FOR OFFICE USE ONLY: Amount Received \$ _____ cash or check Check # _____ Date _____
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