



## **ST. JOSEPH SCHOOL ATHLETICS REGISTRATION**

### **Winter Sports: Basketball**

**Registration Fees: Basketball: \$125**

**Registration fees are non-refundable as of October 29, 2021**

**DEADLINE FOR REGISTRATION: Tuesday, October 12**

**Registrations will not be accepted after this date.**

Sport: \_\_\_\_\_ School Year: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_  
Health Insurance Policy Number: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Asthma: Yes or No  
Medications: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Emergency Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***I acknowledge that I have read and understand the following documents as required by CAL and St. Joseph School; these documents were presented to me at registration or downloaded by me:***

1. Consent and Assumption of Risk Form
2. Parental Code of Conduct

**To help us distribute uniforms, please list your child's size, specifying adult or youth. SJS will attempt to match requested sizes as closely as possible. Instructional/Junior basketball teams are provided T-shirts.**

T-shirt size/Jersey/Top \_\_\_\_\_  
Shorts/Skirt/Bottom \_\_\_\_\_

**By signing below, I certify that the information provided is true and correct to the best of my knowledge.**

Signature of Parent(s) or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*\* Please direct inquiries regarding financial assistance to Fr. Stowe\*\***