

## BASKETBALL FORM

If you are interested in playing GIRLS or BOYS BASKETBALL for 2010-2011 season please complete **This form, along with the athletic fee of \$60 and returned to school office marked GIRLS or BOYS basketball before an individual will be placed on a team. If you have a girl and boy playing basketball make 2 separate checks and fill out 2 forms . NO WORKER FEES** Athletic fees are \$60. . Checks should be made payable to: **St. Joseph Athletics DEADLINE FOR PAYMENT AND FORMS IS SEPT 3RD**

STUDENT'S NAME \_\_\_\_\_ 2010-11 GRADE \_\_\_\_\_

PARENT/GUARDIAN'S NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

UNIFORM SIZE: (circle) SHIRT Youth or Adult S M L XL

SHORTS Youth or Adult S M L XL

### INSURANCE/MEDICAL INFORMATION

IN THE EVENT OF AN EMERGENCY, IF YOU ARE UNABLE TO CONTACT ME PLEASE

CALL \_\_\_\_\_ AT THIS NUMBER \_\_\_\_\_.

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Please note any medical condition that coaches should be aware of:

I, the undersigned, do hereby give my permission for my son or daughter to participate in the St. Joseph Basketball program. I understand that neither St. Joseph nor the staff or adult in charge can be held liable for any accident that may occur during the course of this St. Joseph Athletics

Sponsored activity. I also attest to the fact that \_\_\_\_\_ is covered by insurance

Through \_\_\_\_\_, Policy # \_\_\_\_\_

I understand that financial obligations incurred for medical services resulting from an injury received by my son or daughter while participating in this activity cannot be borne by the school, staff or the adult in charge.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

**THIS FORM MUST BE RETURNED TO THE BOYS OR GIRLS BASKETBALL DIRECTORS  
BEFORE THE INDIVIDUAL WILL BE PLACED ON A TEAM OR SCHOOL OFFICE  
ATHLETIC POLICY AGREEMENT**

STUDENT'S NAME \_\_\_\_\_ 2009-10 GRADE \_\_\_\_\_

\_\_\_\_\_ Our family's **\$60 athletic fee** is enclosed.

\_\_\_\_\_ My son/ daughter is already committed to the following activities that would  
Take precedence over volleyball. If practice and/or game times conflict with these, he/she  
Will not play basketball this year: **(List days and times)**

**7TH AND 8TH GRADE BASKETBALL PARTICIPATION FORM**

I understand that there are no individual playing time limitations at the 7th and 8th grade competitive levels. **If eligible**, we would like my son/daughter:

\_\_\_\_\_ To be placed on the 7th or 8th grade competitive team.

\_\_\_\_\_ Not to be placed on the 7th or 8th grade competitive team.

\_\_\_\_\_ If my son/ daughter does not make the \_\_\_\_\_ competitive team  
he or she would prefer not to play basketball this year.

**PLEASE NOTE THAT PRACTICE AND GAME ATTENDANCE REQUIREMENTS APPLY TO  
BOTH COMPETITIVE AND NON-COMPETITIVE TEAMS.**

We have read and understand the athletic policies of St. Joseph School and agree to abide by them.

\_\_\_\_\_  
(Signature of Player)

\_\_\_\_\_  
(Signature of Parent)