



BASKETBALL

Youth Basketball Registration

Child's Name: _____ Grade: _____

Birthdate: _____ School: _____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

St. Paul JCC Member: **Yes** **No** T-shirt Size: **YS** **YM** **YL** **AS**
(Please Circle) (Please Circle)

Parents Names: _____

Work Phone: _____ Email: _____

1. I hereby certify that my child is in normal health and capable of safe participation in the St. Paul JCC Youth Basketball program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the St. Paul JCC to obtain Medical treatment of my child in the event that parent(s) and the emergency contact cannot be reached.
2. I support St. Paul JCC youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Parent's Signature: _____ Date Registered ___ / ___ / ___

Fee: All Youth Leagues are \$80 member/\$120 community

Registration deadline Sunday, January 8, 2012

**If you would like to coach or assist a coach,
please fill out the information below**

Name: _____ Email: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Grade you would prefer to coach: _____

Please mark your preference: Head Coach _____ Assistant Coach _____

Thank You for Your Support!