



ST. MICHAEL GIRLS BASKETBALL REGISTRATION FORM

(for girls entering grades 3-8 in Fall 2010)



Student Name : _____ Grade (Fall): _____ Birthdate (mm/dd/yy): _____

Address: _____ Home#: _____

_____ Uniform Size: Adult: XL L M S YXL YL YM YS

Parents: _____ Work#: _____ Cell#: _____ E-mail: _____

_____ Work#: _____ Cell#: _____ E-mail: _____

Please indicate if you wish to coach or assist in coaching: _____
 If interested in coaching, have you been fingerprinted (Y/N)? _____ completed child protection class (Y/N)? _____

***** NOTICE TO 6th, 7th, and 8th GRADES - MUST BE COMPLETED *****

As defined in the by-laws of St. Michael's Boosters, with the concurrence of the board and if sufficient player interest exist to form an "A" team in **Grades 6, 7, & 8**, such team will be formed and tryouts will be held. Sufficient interest is defined as follows - "interest of 7 or more players to form an "A" team". Final decision as to whether or not "A" team(s) will be formed will not be made until the registration process has been completed. An impartial panel of judges will hold tryouts in July/August if sufficient interest exists. Check website for more info.

_____ My daughter would like for an A Team to be formed _____ My daughter does NOT want an A Team to be formed

If your daughter votes that an A Team should not be formed, this does **not exclude** her from trying out for the A Team. All kids signing up will be notified of the date and time of tryouts and will be invited to attend. It is important that all kids signing up are committed to play basketball no matter which team that she is picked to play on.

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

We, the Parents of _____, give permission for emergency medical treatment of our child for illness of accident if we cannot first be contacted. We understand that my child is not covered by any insurance plan provided through St. Michael's and do hereby waive, release, absolve, indemnify and agree to hold harmless St. Michael's, St. Michael Boosters, and any of its administrators, coaches, or other participants in the event of an injury or illness to my child that occurs during travel to, from, or during the conduct of all practices, games, and special events.

Emergency Phone: Parent or Guardian Name: _____ Phone# _____

Emergency contact other than parent: _____ Phone# _____ Relationship: _____

Does your child have any allergies or require any special medication?

No _____ Yes _____ Explain: _____

Parent/Guardian Signature: _____ Date: _____

_____ We have read the Athletic Booster By-Laws and agree to abide by them (www.stmichaelsports.com).

Please contact Kelly Huster with any questions

**Phone #: 755 - 1340
 Email: kwhuster@yahoo.com**

2010/11 Family Membership Fee*	\$30
Basketball Registration Fee	\$50

TOTAL DUE** **\$ _____**

**Yearly fee covering all sports during the 2010-2011 school year. Check if paid in ___ soccer or ___ golf.*

**PLEASE MAKE CHECKS PAYABLE TO:
 St. Michael's Athletic Boosters**

***Dates of any known school conflicts (class trips, Girl Scout trips, Reconciliation): _____**

REGISTRATION DEADLINE IS June 5, 2010.

*Late registrations will be charged a \$20 late fee.

*Tryouts will be held the first/second week of August if needed. Practice will begin MID AUGUST

**No child shall be turned away due to financial hardship, please notify coordinator by registration deadline....