

St. Ambrose Athletic Association Basketball Registration Form

2010-11 Basketball Only Registration Form 3rd thru 8th Grades

*****Please Print Legibly***Please Print Legibly***Please Print Legibly*****

Child's Last Name: _____ Child's First Name: _____
Address: _____ City, State, and Zip: _____
Birth Date: _____ Phone #: _____
Gender: _____M _____F Grade in 2009-2010 _____
Parish of Registration: _____ School Attending: _____
Parish of Residence: _____
Parent's Names: _____ Phone #: _____
_____ Phone #: _____
Emergency Contact: _____ Address: _____
Relationship: _____ Phone: _____
Email Address _____
List any medical conditions of the child: _____

\$15.00 Registration Fee per child **IF PAID BY Sept. 23, 2010** _____

\$30.00 FOR ALL REGISTRATIONS PAID Sept. 23, 2010 NO EXCEPTIONS

*******\$30.00 Charge on all returned Checks*******

TOTAL FEES INCLUDED: _____ Check Number: _____ Amount: _____

I would like to coach _____
My child also plays select basketball during the season _____

I agree to return all uniforms items in good condition, or will pay to replace items at \$50 each. This represents the Uniform Return Agreement listed on the association web site.

NOTE: There exists the possibility that for any particular grade in any sport that we do not have enough athletes registered to field a complete team. When this occurs, the Athletic Association has the option to place athletes on teams from neighboring parishes. If this instance occurs with your athlete, please indicate below your preferences:

____ YES indicates that the Athletic Association may place the athlete on another team with a neighboring parish.

____ NO indicates that if St. Ambrose is unable to field a complete team, the athlete does not wish to participate in this sport for this season.