

*St. Ambrose Athletic Association Basketball Registration Form*

2011-12 Basketball Only Registration Form 3<sup>rd</sup> thru 8<sup>th</sup> 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 2011-2012 \_\_\_\_\_  
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: \_\_\_\_\_

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\$15.00 Registration Fee per child **IF PAID BY Oct. 7, 2011, 3pm** \_\_\_\_\_

**\$30.00 FOR ALL REGISTRATIONS PAID AFTER Oct. 7, 2011 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.