

LI'L SPARTAN INSTRUCTIONAL BASKETBALL

(1st & 2nd Grade ONLY): Registration Fee: \$40.00 Raffle: \$10.00 **Total:** \$50.00

(ALL INSTRUCTIONAL PLAYERS MUST PARTICIPATE IN THE RAFFLE)

Clinics to be held Fridays after school in the gym 3:00-4:30 running November 17 thru February 23rd

DEADLINE: NOVEMBER 3rd <u>REGISTRATIONS WILL NOT BE ACCEPTED AFTER THE DEADLINE</u>

PLEASE SEND REGISTRATION FORM AND PAYMENT VIA THE SCHOOL OFFICE:

ATTN: Jen Morris c/o Molly Morris 5th Grade

Please make all checks payable to: <u>St. Margaret Mary Athletic Association</u> Questions – call Jen Morris 717-554-0457 All registration fees are non-refundable

Return Check Policy ALL fees accessed due to insufficient funds will be the responsibility of the account holder. Only cash or money order will be accepted for payment.

ST. MARGARET MARY ATHLETIC ASSOCIATION 2023-2024 BASKETBALL REGISTRATION FORM

PLEASE ONE CHILD PER FORM Please print legibly

| NAME | | | | | | | | |
|-----------------------------|-----------|-------|--------------------|----|-----|------|---|--|
| ADDRESS | | | | | | | | |
| GRADE/CLASS (AS OF 9/1/23): | | | SEX | | | | | |
| DATE OF BIRTH | | | AGE (AS OF 9/1/23) | | | | | |
| PARISH | | | SCHOOL | | | | | |
| PARENT(S)/GUARDIAN(S) | | | | | | | | |
| HOME# | DME#WORK# | | CELL# | | | | | |
| e-MAIL (PARENT) | | | | | | | | |
| EMERGENCY CONTACT | | PHONE | | | | | | |
| FAMILY PHYSICIAN | | | PHONE | | | | | |
| HEALTH PROBLEMS/ALLE | ERGIES | | | | | | | |
| INSURANCE CARRIER | | | | | | | _ | |
| GROUP# | | ID# | ŧ | | | | | |
| SUBSCRIBER | | | | | | | | |
| <u>Circle Size:</u> | | | | | | | | |
| T-Shirt Size: YS YM Y | L YXL | AS | AM | AL | AXL | AXXL | | |

I understand that participation in athletic competition is always accompanied by the risk of injury. I also understand that while St. Margaret Mary Athletic Association will do everything reasonable to prevent injuries, there is still a possibility of a player incurring an injury. Furthermore, I, _______, agree to hold St. Margaret Mary Athletic Association, St.

Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability.

I also acknowledge that I <u>DO / DO NOT</u> have medical insurance covering _______and will hold St. Margaret Mary Athletic Association, St. Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability for any medical expenses or treatment under any circumstance.

| SIGNATURE |
|--|
| DATE |
| RELATIONSHIP |
| Facebook/Social Media Release |
| I,, give |
| (Print Parent's Name) |
| Permission for my child |
| (Print Student's Name) |
| to be used on the St Margaret Mary Athletic Association Facebook |
| page for the 2023-2024 season. |
| Parent's Signature |
| Date |
| |

Yes, I would like to volunteer to coach *All volunteers must have a Youth Protection Badge.

All registration fees are non-refundable

DEADLINE: November 3, 2023 <u>REGISTRATIONS WILL NOT BE ACCEPTED AFTER THE DEADLINE</u>