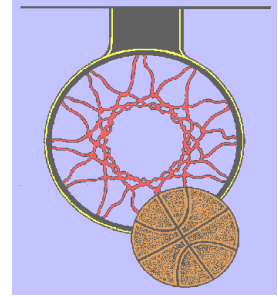


HOLY SPIRIT ATHLETICS SIGN-UP SHEET

FEE

\$25

PEEWEE BASKETBALL 1ST - 2ND GRADES



PLEASE PRINT

NAME: _____ CIRCLE ONE: MALE FEMALE

AGE: _____ BIRTH DATE: _____ / _____ / _____ GRADE: _____
mo day yr

ADDRESS: _____ ZIP: _____

PARENTS NAME(S): _____

HM PHONE: _____ EMERGENCY PH: _____

PARENTS EMAIL _____ SCHOOL ATTENDING _____

PARISH MEMBER _____

UNIFORM SIZES (CHOOSE ONE):

YOUTH T-SHIRT SIZE: _____ S (8)

_____ M(10-12) _____ L(12-14)

DOES CHILD HAVE ANY PARTICULAR HEALTH PROBLEMS WE SHOULD BE AWARE OF?

DOCTOR'S NAME & PHONE # (OPTIONAL) _____

PARENT OR GUARDIAN SIGNATURE REQUIRED

I HEREBY RELEASE THE HOST FACILITY, THE HOLY SPIRIT ATHLETIC BOARD, AND ITS COACHES FROM ANY AND ALL LIABILITY FOR ANY EVENT OR CONSEQUENCE WHATSOEVER IN ANY WAY ARISING OUT OF OR RELATING TO MEMBERS PARTICIPATION IN CSAA OR HOLY SPIRIT ATHLETIC EVENTS WITH THE SINGULAR EXCEPTION OF LIABILITY ARISING OUT OF BAD FAITH OR WILLFUL MISCONDUCT.

IN CASE OF AN EMERGENCY DURING AN ATHLETIC ACTIVITY (I.E. GAMES, PRACTICE, OR TEAM FUNCTION), I AUTHORIZE A MEDICAL PHYSICIAN TO TAKE ALL NECESSARY MEASURES IN THE TREATMENT OF THIS PLAYER. THE SIGNATURE BELOW VERIFIES THAT THE PARENT OR GUARDIAN AGREES TO THIS CODE.

PARENT / GUARDIAN SIGNATURE _____

CHILD'S NAME: _____ GRADE: _____
JUNIOR BASKETBALL

ATHLETIC USE ONLY: CHECK # _____ AMOUNT _____ DATE RECEIVED _____ INITIAL _____