



## TCBL PLAYERS REGISTRATION FORM

First Name: _____ Last Name: _____				<b>PARISH/SCHOOL USE ONLY:</b> Method of payment: Cash _____ Check _____  Paid for more than one child: _____		<b>TCBL USE ONLY:</b> Team (Mark One): Sr. Boys _____ Sr. Girls _____ Jr. Boys _____ Jr. Girls _____ Midgets _____	
Address: _____			Home Phone: _____				
E-mail Address: _____							
School: _____	Grade: _____	Current Age: _____	Birth Date: _____	<b>Proof of Age (Mark One):</b> Birth Cert. _____ Bapt. Cert. _____ Mil. ID _____ Other _____		<b>Proof of Age (Mark One):</b> Birth Cert. _____ Bapt. Cert. _____ Mil. ID _____ Other _____	
Parish: _____						<b>Waiver (Mark one):</b> Approved: _____  Not Approved: _____	
Circle one:      Boy                  Girl							
Circle one:    Basketball    Cheerleading							

I understand the risks of injury inherent in playing basketball, and I give my permission for my child to participate in the TCBL. My child and I promise to uphold the highest Catholic and Christian Values. I will display the highest citizenship, fair play, ethics, integrity, and sportsmanship. I understand that if we fail to uphold the highest Catholic and Christian Values and display highest citizenship, fair play, ethics, integrity and sportsmanship that the TCBL Board could restrict us from playing and participating in the TCBL.

I also hereby grant to the TCBL, the right and permission, with respect to league photographs taken of the minor named above on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

A. To include such photographs in all editions of the league website, booklet and/or media, and in the advertising, publicity, and promotion thereof.

\_\_\_\_\_  
 PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
 Date

I have examined this application and supporting proof of age document and find both to be in accordance with league rules and regulations.

\_\_\_\_\_  
 PARISH REPRESENTATIVE

\_\_\_\_\_  
 Date

A separate form must be completed for each player participating

Rev. 2/Sep 2014

**2019-2020 BASKETBALL REGISTRATION**

**3<sup>rd</sup>-8<sup>th</sup> grade**

Name of Athlete \_\_\_\_\_ Grade \_\_\_\_\_

The following information must be completed and signed by parent/guardian and turned in to front office no later than September 25<sup>th</sup>. If not legible, this form will be returned to you. PRINT ALL INFORMATION NEATLY.

Parent/s \_\_\_\_\_

Address \_\_\_\_\_ zipcode \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ # \_\_\_\_\_

All students participating in basketball must have their own medical coverage.

Medical insurance company \_\_\_\_\_

Policy holder \_\_\_\_\_ Policy# \_\_\_\_\_

Medical issues/concerns \_\_\_\_\_

**Required Waiver of Liability**

I, the undersigned, hereby certify that I am the parent or legal guardian of the student. I hereby give permission to the staff of St. John to seek appropriate medical attention and treatment covered under the student's insurance policy detailed above. I waiver, release, and forever discharge St. John the Apostle Catholic School and it's staff, officers, agents, employees, representatives, successors, and assistants from any and all liability claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in student athletic activities or while at school during basketball games or practice.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Jersey size \_\_\_\_\_ Shorts size \_\_\_\_\_

**Cost of registration \$75**

**Cost of uniform rental \$50. This should be a separate check and will be returned at the end of the season if uniform is returned in good, useable, clean condition.**

**\*\*Total \$125.00\*\*** check numbers \_\_\_\_\_ / \_\_\_\_\_

**NO NUMBER OR TEAM REQUEST**

**NEW PLAYERS MUST PROVIDE BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE**

**CIRCLE ONE: SJA STUDENT CCD STUDENT**

**PARENT/STUDENT INFORMATION**

**Basketball assessments will be held for Senior boys' and girls' teams only.** They will take place in the SJA gym. More information will be provided as dates are scheduled. Parents/guardians and coaches will not be allowed in the gym during this time.

The assessments allow us to place your child on a team with others of the same skill level. All students in grades 3-8 are allowed and encouraged to participate in basketball. We will not accept coach, team, teammate, or number requests. However, if you have two players in the same age group, we can place them on the same team.

**ALL FAMILIES OF BASKETBALL MUST VOLUNTEER TO HELP WITH CLOCK, TIMER, CONCESSION STAND, AND ENTRY GATE.**

While participating in basketball or cheer, I grant permission for any photographs, motion pictures, recording, or any other record of their event to be used for a legitimate school purpose.

If your child is an SJA student, please read the Academic Participation and Eligibility guidelines in the parent/student handbook.

Good sportsmanship is mandatory for all SJA parents and students. Behavior that is disruptive to teammates, other parents/players/students/officials will not be tolerated, and violators will be asked to leave the gym.

If players make physical contact in a threatening form toward any official, coach, player, or spectator, they will be suspended from the team for the remainder of the season, effective immediately.

Signature of Parent/guardian \_\_\_\_\_

Signature of Student \_\_\_\_\_

If you have any questions, please send email to [basketball@sjavb.org](mailto:basketball@sjavb.org)