

2021 - 2022 SJA BASKETBALL REGISTRATION.

3rd-8th grade

Name of Athlete _____ Grade _____

Date of Birth ___/___/_____

The following information must be completed and signed by parent/guardian and turned in to front office no later than Oct 1st. If not legible, this form will be returned to you.
PLEASE PRINT NEATLY

Parent/s _____

Address _____ zipcode _____

Work# _____ Cell# _____ home# _____

Email _____

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 certify that my child _____ is in good health and is able to participate on a Basketball team and in Basketball practice. I will not hold volunteers, coaches, supervisors or schools liable of any injury or illness that he/she may incur.

Signature of parent/s/guardian/s. Date

Jersey size _____ **Short size** _____

Cost of registration \$75.00. Checks made to SJA Basketball.
Uniforms will be returned at end of season. Cleaned and not damaged, If they are not returned, family account will be charged for replacement.

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

CIRCLE ONE: SJA STUDENT. CCD STUDENT.

PARENT/STUDENT INFO

All students grade 3-8th grade are allowed and encouraged to participate in basketball. Not all students play at the same skill level. We will not accept coach request, team request, team mate request or number request.

If you have two players in same age group, we can place them on same team if requested.

ALL FAMILIES OF BASKETBALL PLAYERS MUST VOLUNTEER TO HELP WITH CLOCK, TIMER CONCESSION STAND AND ENTRY GATE. 18 AND OLDER ONLY

While participating in Basketball, 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 a 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 or officials will not be tolerated and violators will be asked to leave the gym.

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

I will respect and abide by school rules

I will respect the coach and follow instructions from coach

I will be on time for practice and games

I will be in proper attire

I will not be disruptive to team mates

I will not not attend practice or game if school was missed same day due to illness

Signature of Parent/s guardian_____

Signature of Student_____

If you have any questions, please send email basketball@sjavb.org



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

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