St. Leo Basketball/Cheerleading
Grade School Registration Form
2010-2011 SEASON

PLAYER'S NAME _____ **BIRTHDATE**_____**AGE**_____

FATHERS NAME _____**MOTHERS NAME**_____

ADDRESS _____ **ZIP** _____

HOME PHONE _____**SCHOOL**_____**PARISH**_____**GRADE**_____

CELL PHONE (Mom)_____**(Dad)**_____

PREFERRED EMAIL: Please print legibly! _____

Please circle program participating in: **Boys Basketball** (3^{rd}–8^{th}) **Girls Basketball** (4^{th}–8^{th}) **Cheerleading** (4^{th}-8^{th})

REGISTRATION FEE - 1st Child - $70
2nd Child - $45
3rd Child – no charge

Make Checks payable to "SLAA"
Please – NO CASH!
Check # _____ Amount_____

MEDICAL INFORMATION

FAMILY DOCTOR _____**PHONE**_____

PHYSICAL LIMITATIONS _____

ALLERGIES _____**MEDICATION**_____

MEDICAL INSURANCE WITH FAMILY **YES**_____**NO**_____

EMERGENCY NAME _____**PHONE**_____

VOLUNTEER SIGN-UP

Banquet Coordinator	_____	**Time Clock Operator**	_____
Banquet Worker	_____	**Tournament Coordinator**	_____
Concession Stand Coordinator	_____	**Tournament Worker**	_____
Concession Stand Worker	_____	**Scorekeeper**	_____
Picture Coordinator	_____	**Uniform Coordinator**	_____

PARENTAL CONSENT

_____ has my permission to participate in the St. Leo basketball/cheerleading program. For your acceptance of my enrollment, I, the player/cheerleader, and we, the parents individually and collectively, intending to be legally bound, hereby for ourselves and our heirs, executors and administrators, wave and release the St. Leo Athletic Association, their agents and representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the player/cheerleader, directly or indirectly, in training for, or travelling to or from, or competing in or while attending any future athletic association functions. I acknowledge the registration fee does not include primary medical insurance coverage. I consent to medical treatment for my child in an emergency.

PARENT SIGNATURE _____ **DATE**_____

Please return registration form, drug/alcohol policy form & checks on registration night in the gym Sept. 14th or via school mail to: Lisa Martin, c/o Amanda Martin Gr. 7 or mail to 1341 Jasmine Lane, Lancaster PA 17601. Registration period closes Sept. 21st.

Updated: 8/19/10