

St. Leo Basketball
High School Registration Form
2010-2011 SEASON

PARTICIPANT'S NAME _____ BIRTHDATE _____ AGE _____

FATHERS NAME _____ MOTHERS NAME _____

ADDRESS _____ ZIP _____

HOME PHONE _____ SCHOOL _____ PARISH _____ GRADE _____

CELL PHONE (Mom) _____ (Dad) _____

PREFERRED EMAIL: Please print legibly _____

REGISTRATION FEE - 1st Child - \$70
2nd Child - \$45

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 _____

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 forms & checks to
LISA MARTIN
1341 JASMINE LANE
LANCASTER, PA 17601

IN ADDITION TO THIS FORM, ALL PLAYERS MUST READ AND SIGN
THE DRUG & ALCOHOL POLICY FORM
FORM MUST BE SIGNED PRIOR TO THE FIRST GAME IN ORDER TO PLAY!
PLEASE SUBMIT ALONG WITH THE REGISTRATION FORM & CHECK!