

**SAINT ANSELM'S YOUTH ACTIVITIES -2009/2010 REGISTRATION YEAR**  
**INTRAMURAL BASKETBALL REGISTRATION**

PLEASE PRINT ALL INFORMATION:

Uniform Shirt Size:

NAME OF CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CELL PHONE \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT/GUARDIAN E-MAIL ADDRESS \_\_\_\_\_

Was your child in Basketball last year: YES: \_\_\_\_\_ TEAM: \_\_\_\_\_ NO: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

PLEASE LIST ANY MEDICAL OR PHYSICAL CONDITIONS YOUR CHILD MAY HAVE WHICH MAY AID US IN OUR RESPONSIBILITY FOR YOUR CHILD IN THIS ACTIVITY:

\_\_\_\_\_

PERSON TO CONTACT IN AN EMERGENCY

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE NO (DAY): \_\_\_\_\_ NIGHT: \_\_\_\_\_

**In consideration of my child \_\_\_\_\_ participation in the ST. ANSELM BASKETBALL, I, the undersigned, waive all claims for damages I may have against St. Anselm for any and all injuries suffered by my child. I attest that my child is physically fit for participation, and his/her physical condition has been verified by a licensed doctor. I am aware that children who do not behave or are disruptive will be expelled from the program. No refunds will be given after October 31st.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

The St. Anselm's Youth Council requires that parents of children enrolled in an activity give service to our programs. When an activity is over-enrolled, we reserve the right to give preference to those children whose parents are willing to give service to that activity. Please indicate the service you wish:



**COACH  
REFEREE  
SECURITY  
SCORER'S TABLE**

REVIEWED BY: \_\_\_\_\_

FEE RECEIVED BY: \_\_\_\_\_ CHECK: \_\_\_\_\_ CASH: \_\_\_\_\_

