

**Sts. Peter & Paul and St. Ursula Men's Club  
2018 Basketball Clinic Registration  
For children in Grades 1-3**

Name \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ M\_\_ F\_\_

Parent's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Doctor Name, Address & Phone Number \_\_\_\_\_

Note Any Medical Conditions or Concerns \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Please indicate here if you would like to volunteer to help the coaches \_\_\_\_ Yes I'd like to help

- Clinics will be held on Saturday mornings from 9:00 am – 10:00 am
- The registration fee is \$20. Fee includes T-Shirt and award.
- Questions may be directed to Sal Auricchio (914.227.0209) or Don Alleva (914.649.8655)
- Please return completed form and payment to the rectory

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**Parent/Guardian Consent & Code of Conduct**

I, the parent/guardian of the above named child(ren), do hereby grant my child(ren) permission to play the sport of basketball for the current season. I will not hold the Parish or coaches, volunteers, or sponsors of teams or any patron of this league responsible for any injury received by my child in said program.

Players, parents and spectators must conduct themselves in a manner that honors the game and demonstrates respect to others. They will maintain high ideals & desirable attitudes. They will practice good sportsmanship and exhibit self control at all times. They will be modest when successful & gracious in defeat.

Parent/Guardian:

\_\_\_\_\_  
(Print clearly)

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate child's T-Shirt Size  
\_\_\_\_\_

Office Use Only  
\$20 Player Fee  
Total Amount Paid \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_