

SJP BASKETBALL – 2014-15

NAME _____ **email:** _____

ADDRESS: _____ **Phone:** _____

SCHOOL: _____ **GRADE:** _____

DATE OF BIRTH: _____

PARENT NAME(S): _____

My family are registered members of Saints John & Paul Parish.

I authorize my child to participate in the Saints John & Paul Parish basketball program and agree that participation will be in accordance with all CYO and Parish policies, rules and regulations.

DATE:

Signature of Parent or Guardian.

Fee Payable to Saints John & Paul - Grades 3 and 4 - \$75.

(Scholarships available)

- All others - \$150

Grade 3 and 4 Parent/Guardian:

Please indicate if you would like to be

Coach _____

