

# St. Francis Xavier Instructional Basketball Program

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Parent/Guardian E-Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Currently Under Doctor's Care/ Medications:

\_\_\_\_\_  
\_\_\_\_\_

I give authorization for my child/dependent, \_\_\_\_\_, to participate in the instructional basketball program, taking place at St. Francis Xavier School. I release St. Francis Xavier School, coaching staff and assistants from liability in the event of an injury.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please attach the \$50 registration fee (\$35 for each additional sibling) and remit *before the first day of session* (Friday, December 9<sup>th</sup> for girls & Tuesday, December 13<sup>th</sup> for boys). Checks made payable to St. Francis Xavier School.**

**Boys' session dates:** December 13<sup>th</sup>, & 20<sup>th</sup>, January 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, & 31<sup>st</sup>, February 7<sup>th</sup> & 14<sup>th</sup>;

**Girls' session dates:** December 9<sup>th</sup> & 30<sup>th</sup>, January 6<sup>th</sup>, 20<sup>th</sup>, & 27<sup>th</sup>, February 3<sup>rd</sup>, 17<sup>th</sup> & 24<sup>th</sup>, March 3<sup>rd</sup>;

(Coach Kearney will address these dates and possible conflicts they may pose to families before determining how to proceed.)