

**St. Francis Xavier Instructional Basketball Program
for Boys & Girls
in Grades 2 & 3!**

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 and remit *as soon as possible to secure your child's spot!*
Checks made payable to St. Francis Xavier School.**

Boys' session will take place on Tuesdays (dates TBD)

Girls' session will take place on Fridays (dates TBD)