

St. Luke's Episcopal School
Wildcat Athletics
Cubs

Registration/Permission to Play

SPORT: **Basketball** (Starts November 1st)

Participants Name _____ Grade _____ D.O.B. _____ Gender: M or F

Parents Names _____ email _____

Address _____ Teacher _____

Cell Phone _____ Home Phone _____

Emergency Contact: _____ Phone Number: _____

Are there any medical conditions that the coach should be aware of? _____

If yes, please explain _____

I, the parent or guardian, agree not to hold St. Luke's Episcopal School, Church or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of athletic activities.

I will submit all participation fees before my child attends their first practice to cover league cost.

Date _____ Signature of Parent/Guardian _____

Registration Fee - \$50.00

Registration fee will include trophy and t-Shirt.

Preferred Jersey number- pick top two choices in order of preference: _____, _____. Numbers will be assigned based on order of registration submission.

Jersey Size YS YM YL AS AM AL

I am willing to serve as the Coach _____

Please submit registration form and payment for registration and uniform fees to the SLES Office (Jonica or University Campus) no later than October 14th, 2011)

Total Amount enclosed _____