

SLES

Kiddie Cats Co-ed Basketball

Grades K3, K4 & K5

FEE: \$50 due by Monday, December 12, 2011 (no late registration accepted)

Registration Date: _____ Make checks payable to SLES

Method of payment: Cash _____ Check # _____ (no auto-billing on credit card)

PLEASE PRINT AND ALL PAYMENTS MUST BE ATTACHED

Child's Name: _____ Circle one: Boy Girl

Grade: _____ Teacher: _____

Practice & Games start Sunday, January 1st – either @ 2 or 3:15 pm

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.

Parent Signature: _____ **Date:** _____

Parents' names: _____

Address: _____ City _____ State _____ ZIP _____

E-mail: _____ (please provide for team notifications)

Home #: _____ Cell #: _____ Work #: _____

Emergency Contact: _____ Phone #: _____

Please list any medical needs your child has? (ie: food allergies) _____

I'm willing to be: Coach _____ Name: _____ Phone #: _____
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Player T-Shirt: (circle one) YXS (child 2-4) YS YM YL AS AM