



**Sts. Peter & Paul and St. Ursula Men's Club
2019 Basketball Clinic Registration
For children in Grades 1-3**

6 Sessions: Feb 9, 16 & 23 | March 2, 9, 16

Name _____ Age _____ Current Grade _____ M___ F___

Parent's Name _____ Phone (H) _____ (C) _____

Address _____ E-mail Address _____

Doctor Name, Address & Phone Number _____

Note Any Medical Conditions or Concerns _____

Emergency Contact Name & Phone _____

Please indicate here if you would like to volunteer to help the coaches Yes I'd like to help

- Clinics will be held on Saturday mornings from 9:00 am – 10:00 am
- The registration fee is \$15. Fee includes T-Shirt and award.
- Questions may be directed to Sal Auricchio (914.227.0209) or Don Alleva (914.649.8655)
- Please return completed form and payment to the rectory

Parent/Guardian Consent & Code of Conduct

I, the parent/guardian of the above named child(ren), do hereby grant my child(ren) permission to play the sport of basketball for the current season. I will not hold the Parish or coaches, volunteers, or sponsors of teams or any patron of this league responsible for any injury received by my child in said program.

Players, parents and spectators must conduct themselves in a manner that honors the game and demonstrates respect to others. They will maintain high ideals & desirable attitudes. They will practice good sportsmanship and exhibit self control at all times. They will be modest when successful & gracious in defeat.

Parent/Guardian:

(Print clearly)

Signed: _____ Date / /

Please indicate child's T-Shirt Size _____

Office Use Only \$15 Player Fee Total Amount Paid _____ Check # _____ Cash _____
