

**PLEASE RETURN THESE FORMS AT SKILL TESTING**

Dear Parents,

Welcome to the St. Gerard Athletic Program. This is the sign up letter for your child to play **BASKETBALL**. The registration fee is \$145.00 and will be collected in two separate checks of \$45.00 and \$100.00. The \$100.00 check will not be cashed, but held until you fulfill your scheduled assignments of working concessions and/or admissions. Sign-up sheets concessions/admissions are done on-line and you will receive an email once the site is open. It is **your responsibility** to schedule a time to work. Should you not work your assigned time(s); the \$100.00 check will be deposited by our Treasurer. Please check the appropriate box below.

- 1. ( ) I will work admissions and /or concessions or gym set up/cleanup to receive my \$100.00 check back.
- 2. ( ) I do not wish to work. You may deposit the \$100.00 check now.

Please make checks payable to: ST. GERARD ATHLETICS.

**Because of eligibility requirements we need to know:** PARISHIONER (YES - NO)  
SCHOOL \_\_\_\_\_ RELIGIOUS ED \_\_\_\_\_ GRADE \_\_\_\_\_

**PLEASE REMEMBER: There is a \$10.00 late fee charged to all registrations received after the registration date for that sport**

STUDENTS NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**I AM INTERESTED IN BEING A ( ) COACH ( ) ASSISTANT COACH.**

**MEDICAL RELEASE FORM**

In order to insure prompt medical care in case of an emergency, **THIS FORM MUST BE SIGNED.** Without this permission we are unable to have son or daughter treated.

Is there any information a doctor should know to treat your child?

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

1. Date of last Tetanus shot: \_\_\_\_\_

2. Name of Medical Insurance: \_\_\_\_\_

3. Policy Number: \_\_\_\_\_

4. Name of Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency, I give my permission to a doctor and trained medical personnel to treat my son or daughter's injury.

PARENTS SIGNATURE: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_