**REGISTRATION FOR ST. JOAN OF ARC 2018-2019 GIRLS BASKETBALL**

**SIGNING UP FOR** \_\_\_\_\_ **CYO TEAM** (GRADES 3-8) \_\_\_\_\_ **INTRAMURALS** (grades 2-5)

\_\_\_\_\_ **CYO & IM** (grades 2-5) \_\_\_\_\_ **HIGH SCHOOL** (grades 9-12)

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTH DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ AGE \_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Check one) ATTENDS ST JOAN SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_ ATTENDS REP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF NOT ATTENDING SJA, SCHOOL ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARISH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE# (H) \_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHERS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE# (H) \_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER: CONCESSION COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COACH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANQUET SET UP/CLEAN UP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**St. Joan of Arc does not have medical insurance to cover players or spectators. Is your daughter covered with medical insurance?** **YES \_\_\_\_\_ NO \_\_\_\_**

**INSURANCE PROVIDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of a severe medical problem or injury, we will contact 911 and have the player taken to Hershey Medical Center or nearest hospital. Do we have your permission to do so?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**A PHYSICAL EXAM IS RECOMMENDED.** **Does your daughter have any medical restrictions or injuries that her coaches should know about? YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our coaches are volunteers. PA law provides liability protection for these volunteers, except for willful or wanton misconduct. I agree not to hold the Parish, coaches, or the league responsible for any injury or illness incurred during practices, games or travel to or from games. I also indicate it is my responsibility to determine my daughter’s physical and mental condition to participate in the sport and to provide for medical coverage.**

**My daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in the 2018-2019 girls basketball program at St. Joan of Arc Parish.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN SIGNATURE DATE**

**PRINT PARENT OR GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fee: $125.00/PLAYER (MAX $200/FAMILY) $75.00 INTRAMURAL ONLY (MAX $125/FAMILY) Checks payable to: “St Joan’s Girls Basketball”**

**Check#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Enclosed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return forms and fee to: Either the Parish Office or John Polly (717) 982-5192** [**sjagirlshoops@yahoo.com**](mailto:sjagirlshoops@yahoo.com)

**Mr. John Polly**

**127 W Granada Ave**

**Hershey, Pa 17033**