



St. Teresa Intramural Basketball Registration Form

CHILD'S NAME _____

Parent's Name **MOM** _____ **DAD** _____

HOME # _____ CELL# _____

ADDRESS _____

E-MAIL ADDRESS _____

Grade entering in September _____ Gender (*circle one*) Male Female

School Attending _____ Shirt Size (*circle one*) YM YL AS AM AL XL

Did Child Play Intramurals Last Year? YES NO

Did Child Play CYO? YES NO IF YES, WHERE? _____

CYO

Will Child Tryout for CYO Team? YES NO

Did Child Play CYO Last Year? YES NO IF YES, WHERE? _____

Are you a registered parishioner of St. Teresa? YES NO

IF YES, please list envelope number _____

Do you live in the parish boundaries? YES NO

WAIVER

I certify that my child is in good health and physical condition and has my permission to participate in this parish activity. I understand that the parish and its representatives are not responsible for any accident or injury that may occur while participating within this program.

PARENT/GUARDIAN Signature _____

*** NOTE ***

Attached please find health history form which needs to be completed and returned before first practice. Child will not be allowed to participate without completed form.