

ST. LAWRENCE & ST. MARY K-3 BASKETBALL SIGN-UP FORM

**** PLEASE MAKE CHECKS PAYABLE TO ST. MARYS ATHLETICS ****

PLEASE CUT OFF SHEET AT THE LINE AND RETURN WITH CHECK AT MEETING

STUDENT'S NAME _____ GRADE _____

Mother's Cell Phone _____ Father's Cell Phone _____

T-SHIRT SIZE Y/M _____ A/S _____ A/XL _____
Please Check

 Y/L _____ A/M _____

 Y/XL _____ A/L _____

My son/daughter has permission to play basketball.

Please list any medical conditions we should be aware of (i.e. asthma, contacts, etc. or any medications that the athlete may be taking while at practice or during games.)

***Parent email address: _____

***Parent email address: _____

Parents Signature: _____

Signature