

2007 St. Francis Summer Classic Registration Form

Fees: Grammar School \$60.00
High School \$75.00
Non Parish Players \$65.00 and \$80 respectively

mail completed form to : Summer Classic
PO Box 940703
Rockaway Park, NY 11694

Name: (last) _____ (first) _____ Age: _____ D.O.B. _____
Address: _____ Tel # _____
_____ Height _____ Weight _____ lbs.
School _____ Current Grade : _____
Check One: Parish Family ___ Non-Parish Family ___ Male ___ Female ___
Emergency Contact Name: _____
Relationship: _____ Tel # _____

To help us properly balance the teams, please share with us your child's relevant basketball experience (i.e.. CYO player?, starting five player?, AAU?, MVP awards?, excels at rebounding?, etc.)

Do you have Medical Insurance? _____ Insurance Company/Carrier _____

CONSENT: In consideration of my child's participation in the SFDS Summer Classic, I, the under-signed, certify that the information on this form is correct, and I waive all claims for damages I may have against SFDS, its league commissioner, coaches, and other staff, for any injuries suffered by me or my child(ren). I attest that my child(ren) is/are physically fit for participation in SFDS Summer Classic. Furthermore, I have read and understand the SFDS Summer Classic policy concerning insurance, along with other relevant information contained in the "Classic Notes", a copy of which was provided to me at registration.

Parent / Guardian Signature _____ Date: _____

Official Use Only

Division: _____ Amount Paid \$ _____ Check # _____
Accepted by comments: