

ST. MARGARET MARY ATHLETIC ASSOCIATION  
2009-2010  
BASKETBALL REGISTRATION FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIPCODE \_\_\_\_\_

GRADE/CLASS (AS OF 9/1/09): \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (AS OF 9/1/09) \_\_\_\_\_

PARISH \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT(S)/GUARDIAN(S) \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

e-MAIL  
(PARENT) \_\_\_\_\_

EMERGENCY  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY  
PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH  
PROBLEMS/ALLERGIES \_\_\_\_\_

INSURANCE  
CARRIER \_\_\_\_\_

GROUP# \_\_\_\_\_ ID# \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_

**\*\*BELOW FOR LI'L SPARTAN INSTRUCTIONAL ONLY:**

T-Shirt Size: \_\_\_\_\_

\_\_\_\_\_ Yes, I am interested in helping out with Li'l Spartan Instructional  
Basketball on Saturday mornings.

Name: \_\_\_\_\_

(OVER)

I understand that participation in athletic competition is always accompanied by the risk of injury. I also understand that while St. Margaret Mary Athletic Association will do everything reasonable to prevent injuries, there is still a possibility of a player incurring an injury. Furthermore, I, \_\_\_\_\_, agree to hold St. Margaret Mary Athletic Association, St. Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability.

I also acknowledge that I DO / DO NOT have medical insurance covering \_\_\_\_\_ and will hold St. Margaret Mary Athletic Association, St. Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability for any medical expenses or treatment under any circumstance.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**All registration fees are non-refundable**

**A \$50.00 fee will be charged for all returned checks.**