



St. Paul Basketball 2010 Registration Form

Child's Name _____ Gender: Male/Female

Birth date _____ Age _____ Grade _____

Experience: My Child Has Never Played Before _____ Has Played _____ # Seasons

Height: _____ Weight: _____

Circle T-shirt size Child Small Child Medium Child Large Adult Small Adult Medium Adult Large

Home Address _____

Home Phone or Cell Phone _____ Emergency Phone _____

Parent's/Guardian's Names _____

E-Mail Address(List as many as you like for best contact) _____

Please Indicate Days Your Child Cannot Practice. Mon Tues Wed Thurs Fri Sun

You may list the names of any children with whom your child would like to play with or you would like to carpool with. Please note that in an effort to construct equal and balanced teams, player preferences cannot be guaranteed. _____

We need volunteers for every team to make the league run smoothly. Please check an area in which you would be interested in volunteering. (In order to comply with church rules all coaches must attend coaches training and comply with a criminal background check.)

Coach _____ Team Parent _____ Score Keeper _____ Clock Operator _____

I give approval for my child to participate in St. Paul Basketball at St. Paul United Methodist Church's 2010 winter basketball program and assume all risks and hazards incident to such participation. I hereby give consent for treatment and transportation if necessary due to injury.

Parents/Guardian Name Printed: _____

Parents/Guardian Signature: _____ Date: _____

Please mail your registration form and payment of \$80.00 by December 4th, 2009 to:
St. Paul Basketball, 501 Grant St., SE, Atlanta, GA 30312, Phone 404-688-7501.

Please contact the program director at 678-642-7762 if you need assistance in making payment arrangements or would like to apply for a scholarship.

For more information about St. Paul United Methodist Church visit www.StPaulGrantPark.org