

ST. JOAN OF ARC SCHOOL

2006-2007 GRADES 5-8: BOYS' AND GIRLS' BASKETBALL REGISTRATION

Please return to the school office by **FRIDAY -- SEPTEMBER 1st**,

Parents are expected to **CONTRIBUTE** some of their time to the **BASKETBALL PROGRAM** throughout the season. Coaches will contact parents to let them know how they can be of assistance. Only a few hours of time will be needed if everyone cooperates.

BILL MC SHEA

Girls' Basketball Coordinator (969-2137)

KEN SOBOLEWSKI

Boys' Basketball Coordinator (961-9848)

2006-20076 ST. JOAN OF ARC SCHOOL BASKETBALL SEASON

_____ has my permission to participate in the SJA Basketball Program during the upcoming season.

He/She is in good health and has no restrictions by the doctor in this regard. He/She has permission to travel to other locations in which our games will be played.

LEGAL

GUARDIAN:

STUDENT

HOMEROOM

TELEPHONE #/s

The yearly athletic fee is **\$75.00** for one child and a **\$100** maximum fee per family.

ENCLOSED IS \$ _____ CASH _____ CHECK

_____ MY FEE HAS ALREADY BEEN PAID.

A uniform deposit check of **\$40.00** is required. Please send payment to the school office:
Attention: Don Collins

Uniform Size – circle one:

Youth XL Adult Small Adult Med. Adult Large Adult XL

Are you interested in coaching? YES _____ NO _____

If yes, please complete the attached coaching application and return it with the registration.

NAME _____ SMP\Sports\Basketball