

**ST. JOAN OF ARC SCHOOL**

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

Please return to the school office by **FRIDAY -- SEPTEMBER 1<sup>st</sup>**,

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)**

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**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:**

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**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