

**ST. STANISLAUS YOUTH BASKETBALL**  
**2018 REGISTRATION FORM**

**CHILD'S/CHILDREN'S NAME:**

\_\_\_\_\_ GRADE/ AGE /SHIRT SIZE \_\_\_\_\_  
(ADDITIONAL CHILDREN – SAME FAMILY ONLY):

\_\_\_\_\_ GRADE/ AGE /SHIRT SIZE \_\_\_\_\_

\_\_\_\_\_ GRADE/ AGE /SHIRT SIZE \_\_\_\_\_

\_\_\_\_\_ GRADE/ AGE /SHIRT SIZE \_\_\_\_\_

**\*\*PLEASE INDICATE GRADE/AGE & SHIRT SIZE FOR EACH CHILD LISTED AFTER THEIR NAME ABOVE\*\***

**ADDRESS:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CONTACT INFORMATION:** \_\_\_\_\_

**PHONE NUMBER IN CASE OF EMERGENCY:** \_\_\_\_\_

May your child be given first aid if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

May your child be taken to the hospital if necessary? Yes \_\_\_\_ No \_\_\_\_

If so, name hospital of choice \_\_\_\_\_

List any medical problems, allergies, or medications taken daily:

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**Shirt Size Choices:** AXL AL AM AS YL(14-16) YM(10-12) YS(6-8)

**\*\*please make sure proper shirt size is circled for each child. THERE WILL BE NO EXCHANGES ONCE REGISTRATION IS RETURNED. Remember bigger is always better.\*\***

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coaching Volunteer** \_\_\_\_\_

**Please return this form along with the registration fee by 12/18/2017 to:**

**Jake Stankowski (570-341-0986) or drop off at: SouthSide Floral Shop**  
**1023 Hamm Court 1025 Pittston Avenue**  
**Scranton, Pa 18505 Scranton, Pa 18505**

**Make checks payable to the "St. Stanislaus Youth Basketball League"**

**\$40.00 – first child \$20.00 – every child after that in family.**

*Please note there will be a \$5.00 late fee for any registration received after this date.\*\*\*Please note any misconduct or inappropriate behavior of any sorts will not be tolerated and that child will be asked to leave the gym and quit the league. THANK YOU!*