

**ST STANISLAUS YOUTH BASKETBALL**  
**2017 REGISTRATION FORM**

**CHILD'S/CHILDREN NAME:**

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

(ADDITIONAL CHILDREN - SAME FAMILY ONLY)

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

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

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

\*\*\*PLEASE INDICATE SCHOOL GRADE & SHIRT SIZE FOR EACH CHILD LISTED ABOVE\*\*\*\*\*

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

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

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

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

**PHONE NUMBER IF 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:

\_\_\_\_\_

\_\_\_\_\_

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

\*\*PLEASE CIRCLE SIZE CHOICE FOR EACH CHILD AND NOTE ABOVE NEXT TO EACH CHILD'S NAME\*\*

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

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

**Please return this form along with the registration fee by 12/18/2016 to:**

**St Stanislaus Youth Basketball League**

**% Jake Stankowski**

**1023 Hamm Court**

**Scranton, Pa 18505**

**Make checks payable to "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 December 18th, 2016. Also note any misconduct or inappropriate behavior of any sorts will not be tolerated and that child/person will be asked to leave the gym and quit the league. Thank You !**