

ST. STANISLAUS YOUTH BASKETBALL
2023 REGISTRATION FORM

CHILD'S/CHILDREN'S NAME:

GRADE/ AGE _____
(ADDITIONAL CHILDREN – SAME FAMILY ONLY):

GRADE/ AGE _____

GRADE/ AGE _____

GRADE/ AGE _____

****PLEASE INDICATE GRADE/AGE 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:

Signature of Parent: _____ Date: _____

Coaching Volunteer _____

Please return this form along with the registration fee by 01/20/2023 to:

Art Golembes (570-575-5231)

1208 South Irving Avenue

Scranton, Pa 18505

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

\$40.00 – first child \$20.00 – every other child from the same family (same household).

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!