



Seven Holy Founders Athletics Registration Form

Instructional:  Hoc-Soc  Basketball (2nd.Grade)

Child's Name: \_\_\_\_\_  Boy  Girl
Address: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_
Parent's Email Address (for communications): \_\_\_\_\_
School Attending:  SHF  Other \_\_\_\_\_
Parish of Registration: \_\_\_\_\_
Grade During Season: (PK) (K) (1) (2)

Shirt Size: \_\_\_\_\_  Interested in being a Referee/Scorekeeper
Child's Previous Head coach: \_\_\_\_\_  NA
Would you be willing to coach a team?  YES  NO Help coach?  YES  NO
Print Name of Parent or Guardian: \_\_\_\_\_
Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

REGISTRATION FEE: (Family Maximum of \$150.00)

Instructional \$40.00 per child (x) Number of children = \_\_\_\_\_ \$ \_\_\_\_\_
TOTAL FEE \_\_\_\_\_ \$ \_\_\_\_\_

Method of Payment:  Cash  Check/Payable to SHFAA Check # \_\_\_\_\_

Mail To: SHFAA
P.O. Box 20212
St. Louis, MO 63123

PARENT'S COMMITMENT AND AGREEMENT

I agree to give my time to help support the Athletic Association by working assigned concession stand and/or other needed areas during the season. I hereby give my permission for the above named to participate in SHF sports, and I hereby relieve the Seven Holy Founders Parish and the SHFAA any responsibility for injury to my child while participating in this sport. If my child has commitments which conflict with SHF sports, I will do my best to give SHF sport a priority and work out conflicts with the coach of the child's SHF team. I certify that the information on this registration form is accurate. I also give SHFAA and/or its coach's permission to secure emergency medical treatment for my child in the event of an injury, and will disclose to the coaches and SHFAA any medical conditions for my child, which require special attention or treatment.