**ST. STANISLAUS ATHLETIC ASSOCIATION**

**2018-2019 KINDERGARTEN BASKETBALL FORM**

***\*Please return by October 19th\****

Player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parish: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text OK? **Yes or No**

Parent name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text OK? **Yes or No**

Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have allergies? **Yes or No** If yes, to what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to COACH (**Yes or No**) or ASSIST (**Yes or No**) with your child’s team?

Volunteer coaches help make the Athletic Association a success.

***\*\*ALL Coaches and Assistants MUST fill out a CORI form\*\****

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$25.00 REGISTRATION FEE**

**PLEASE MAKE CHECKS PAYABLE TO ST. STAN’S ATHLETIC ASSOCIATION**

Registration fee must accompany the registration form to receive practice schedule.

*\*Practices usually start in December*

Send completed registration form with fee to Athletic Association c/o St. Stanislaus School, 534 Front St. Chicopee, MA 01013. You may also send it in to school with your child.

For more information, please contact the Athletic Association at:

 (413) 592-5135 or ststansathletics@ststansschool.org

FEE PAID \_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_