

*Saints Rose and Clement Parish/School*  
*CAL Basketball Registration Form*  
*2017- 2018 Season*

**Player Information:**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F

Player's Address: \_\_\_\_\_

Parent's Address (if different): \_\_\_\_\_

Grade: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_

Played Last Year? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Team: Junior (3<sup>rd</sup> -6<sup>th</sup>) / Grammar (7<sup>th</sup> -8<sup>th</sup>) / Cadet (9<sup>th</sup> -10<sup>th</sup>)

**Parent Information:**

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Cell #: \_\_\_\_\_ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Father's e-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home \_\_\_\_\_

Cell #: \_\_\_\_\_ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Mother's e-mail address: \_\_\_\_\_

Member of SS Rose & Clement Parish? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Non-Catholic living in parish boundaries? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Any medical condition player's coach should be aware of? \_\_\_\_\_

**Player's Jersey Size:**

Youth small \_\_\_\_\_ Y Med \_\_\_\_\_ Y Large \_\_\_\_\_  
Small (34-36) \_\_\_\_\_ Med (38-40) \_\_\_\_\_ Large (42- 44) \_\_\_\_\_ XL (46-48) \_\_\_\_\_

There will be shirts and shorts to try one at registration, this is important so we know everyone has a uniform that fits.

**Costs:**

- 1) Instructional (Grades 1-3): \$85.00 per player
- 2) Junior (Grs. 3-6), Grammar (Grs. 7-8) & Cadet (Grs. 9-10): \$125.00 per player
- 3) Multi-Sibling Rates: 2 players: \$185.00
- 4) 3 or more players: \$225.00

Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_

**Checks to be made out to: SS Rose & Clements Parish**

**\*\*\*\* SIGN PERMISSION FORM ON REVERSE SIDE \*\*\*\***

**(Unless printed from website, please print all pages)**

**\*\*\*\* Year End Celebration will be held on JUNE \*\*\*\***