

# ST. SEBASTIAN JUNIOR ARROWS BASKETBALL

## 2009/2010 REGISTRATION

Teams will consist of 1<sup>st</sup> through 4<sup>th</sup> graders. 1<sup>st</sup> and 2<sup>nd</sup> graders play quarters 1 and 3, and 3<sup>rd</sup> and 4<sup>th</sup> graders play quarters 2 and 4. There will be a special clinic where players are evaluated prior to rosters being created. We will do our best to make the teams as even as possible. Season will consist of 6 games beginning in January, 2010. Games will be played on Saturdays or Sundays. Number of practices will depend upon securing gym time. If we are unable to secure gym times, we may have a short practice prior to games. Deadline for registering is when we have 90 children registered or December 9, 2009, whichever comes first.

What grade is your child in?

- 1<sup>st</sup> Grade  
 2<sup>nd</sup> Grade  
 3rd Grade  
 4th Grade

**Fee is \$35 per player**

***Please make checks payable to the "St Sebastian Booster Club"***

*FEE INCLUDES: SHIRT, TROPHY, AND END OF SEASON SKILLS COMPETITION. NO REFUNDS*

PLEASE PRINT:

CHILD NAME: \_\_\_\_\_

PARENT (GUARDIAN)  
 NAME: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SEX ( M / F )      AGE \_\_\_\_\_      DATE OF BIRTH: \_\_\_\_\_

YEARS PLAYED \_\_\_\_\_

ST. SEBASTIAN PARISHIONER: YES    NO

MEDICAL PROBLEMS COACH SHOULD BE AWARE OF:  
 (i.e. allergies, asthma, etc.)

***EVERY EFFORT WILL BE MADE TO ACCOMMODATE THE FOLLOWING REQUESTS, BUT WE MAKE NO GUARANTEES. WE WILL ONLY GUARANTEE THAT SIBLINGS WILL BE PLACED ON THE SAME TEAM. WE WANT TO DO OUR BEST TO MAKE SURE TEAMS ARE AS EVENING DIVIDED AS POSSIBLE.***

COACH PREFERENCE (if any): \_\_\_\_\_

SIBLINGS OR FRIENDS: \_\_\_\_\_  
 (LIMIT THREE, PLEASE LIST IN ORDER OF PREFERENCE)

SHIRT SIZE:  Youth Med.     Youth Large     Adult Small     Adult Med     Adult Large     Adult XL

**The strength of our program will be based on the support and involvement of the parents. Volunteering for the positions (listed below) in the program promotes good sportsmanship and the continuing support for our sports programs. Please check one of the items below if you are able to volunteer.**

- COACH                       ASST. COACH                       TROPHIES                       ANNOUNCER
- SCORE KEEPER                       CONCESSIONS                       SKILLS COMPETITION/END OF SEASON PARTY

My son/daughter has permission to participate in St. Sebastian Basketball Program. Neither St. Sebastian church nor any other representative of the program will be held liable for any injury or loss of property resulting from my child's participation in this program:

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<i>LEAGUE USE ONLY</i>
Payment: _____
<i>LEAGUE USE ONLY</i>
Payment:
Cash: _____
Check No: _____
Initials of League Official: _____
Team Assignment: _____
Coach Assignment: _____

