

**ST. BENEDICT BASKETBALL
SPRING LEAGUE REGISTRATION
SPRING 2018**

Please complete the entire page and return with payment.

Name: _____ Male Female

Address: _____ **Postal Code:** _____

Home Tel: _____ **Parent's Tel. Work:** _____ **Cell #:** _____

Name of school: _____ **Grade:** _____ **Email:** _____

Age: _____ **Height:** _____ **Weight:** _____ **Health Card Number:** _____

Medical Problems? _____

Past Basketball Experience (Travel, school team, etc): _____

Reversible Jersey Size **Youth:** small med large **Adult:** S M L XL XXL

Waiver Agreement:

In consideration of the benefits expected to be derived from the admission of my child to the St. Benedict Spring League, I hereby remise, release and forever discharge the said league, its servants and agents, members and participants, and parents of, and from any and all actions, claims and demands whatsoever in any way arising out of injury or illness of myself or my child, or loss or damage to property occurring during or as a result of anything done or left undone by the St. Benedict Basketball Spring League, or any of the other persons hereby released in conjunction with the operation of the league or any thing arranged by it to take place outside of its' training premises. If at any time, due to circumstances or sudden illness, medical treatment is necessary, this may be given. The above will enable a physician to give necessary treatment in the case of an emergency where parents cannot be reached. It is understood that every effort will be made to contact the parents. In signing the application, I hereby acknowledge that I have read and understand the conditions and certify that my child is in good physical health. I also understand that by registering for this event, I am giving the St. Benedict Basketball Program permission to use any photographs and/or video taken of the participants for publicity and promotional purposes as well as permission to contact me via email about any future St. Benedict CSS events.

Parent/Guardian Signature: _____ **Date:** _____

PLEASE CHECK THE APPROPRIATE BOXES

**FRESHMAN DIVISION
(BOYS AND GIRLS)**
Grades: 4 to 6
Time: Tuesdays 6pm – 7:30pm
Cost: \$85

**SENIOR DIVISION
(BOYS AND GIRLS)**
Grades: 7 and 8
Time: Tuesdays 7:30pm – 9pm
Cost: \$85

Make cheques payable to
"St. Benedict Catholic Secondary School"

No refunds will be provided after April 1st. A medical certificate is required for all refunds before April 1st. There will be no refund if a player is expelled from the league. NSF charges will be subject to a \$20 administrative fee.

Return To:

**John Malnerich
St. Benedict Catholic Secondary School
50 Saginaw Parkway
Cambridge, Ontario
N1R 5W1**

For more info:

Email: John.Malnerich@wcdsb.ca
Phone: 519-621-4050x5337 v mail x3077
Website: stbenedict.wcdsb.ca under "student life".