

**ST. BENEDICT BASKETBALL  
SPRING LEAGUE REGISTRATION  
SPRING 2019**

**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, it's 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: \$90**

**SENIOR DIVISION  
(BOYS AND GIRLS)**  
**Grades: 7 and 8**  
**Time: Tuesdays 7:30pm – 9pm**  
**Cost: \$90**

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

No refunds will be provided after April 1<sup>st</sup> for any reason. 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](mailto:John.Malnerich@wcdsb.ca)  
**Phone:** 519-621-4050x5337 v mail x3077  
**Website:** [stbenedict.wcdsb.ca](http://stbenedict.wcdsb.ca) under "student life".