



# St. Andrew Academy



## Basketball

CHILD'S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ CCD: Y or N

Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

**\*\*IF INTERESTED IN COACHING SEE COACHING REQUEST FORM\*\***

**ATHLETICS USE ONLY:**

Member Fee \_\_\_\_\_ Sport Fee: **\$50.00** Concession Deposit/Fee **\$60.00** TOTAL: \_\_\_\_\_

Do you plan to work to have your concession fee returned? Yes \_\_\_ No \_\_\_

Payment Type: Check # \_\_\_\_\_ Cash PD: \$ \_\_\_\_\_ Credit Card: \_\_\_\_\_

Uniform Deposit Check # \_\_\_\_\_ Received by: \_\_\_\_\_

**NO REFUNDS AFTER LEAGUE FEES HAVE BEEN PAID TO CSAA. THIS IS PAID BEFORE TRY-OUTS:**

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

Date \_\_\_\_\_

