



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 **\$50.00** 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 _____