

NORTH QUINCY/ SACRED HEART YOUTH BASKETBALL

Adaptive Basketball Registration

Open to players ages 5 & up from any community
with SPECIAL NEEDS / ADAPTIVE RESTRICTIONS - FREE PROGRAM

Please complete the Registration form for each child.

- If you have any questions, please contact Jim Ross – jmross26@gmail.com , 617-304-1775
- **Registrations can be emailed/mailed or dropped to 44 Stedman St. Quincy Ma. 02169.
EMAIL – MAHEALY44@GMAIL.COM**
- Drop-in registrations will be accepted Saturday 1/4 – **We are encouraging pre-Registration.**

REGISTRATION FORM

Circle one: MALE / FEMALE

CHILD NAME _____ DOB _____ / _____ / _____

EMAIL (PRIMARY) _____

EMAIL (SECONDARY) _____

CHILD SCHOOL _____ GRADE (Sept 2017) _____

ADDRESS _____ ZIP _____ PHONE # _____

ALTERNATE /EMERGENCY CONTACT - NAME _____ PHONE # _____

EMAIL _____

IS THIS CHILD COVERED BY HEALTH INSURANCE? Y N INSURANCE CO _____

I understand that N. Quincy Youth Basketball / Sacred Heart Church, the program directors, coaches, and any other volunteers are not responsible for any injuries, lost property or damages sustained by my child while participating in Sacred Heart Basketball.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____