

2019-2020 "HOLYLAND BASKETBALL" SIGN UP AND PERMISSION SLIP

Last Name: _____

Child's First Name: _____

Date of Birth: _____ Current Grade: _____

Family e-mail Address: _____

Father's Name: _____ Phone Number: _____

Address: _____

Employer: _____

Mother's Name: _____ Phone Number: _____

Address: _____

Employer: _____

Interested in Coaching? ☐ Head Coach Team/Grade Level _____

☐ Assistant Coach

(All coaches will have to be accepted by the Civic Center Board of Directors)

Are you willing to assist in the followings ways?

☐ Officiating Games

☐ Run the clock or mark the book

We request each family to work (concessions/grill/door/book or clock-2 games = 1 shift) a minimum of 2 shifts (2-3 hrs per shift) per player with a maximum of 5 shifts per family. Sign-Up Genius will be used again for these Sign-Ups. Watch for the emails on the link so you can reserve your hours. Emails for Sign Up Genius will be sent out once the schedules are finalized.

Thank you in advance for your help!!

Medical Information:

Insurance provided by: ☐ Father ☐ Mother

Insurance Co. _____ Policy No. _____

Hospital Preference: _____

Doctor: _____ Phone: _____

Any Allergies: _____

I hereby give my permission for the above named player to take part in all practices and games to be scheduled by the St. Cloud Rec and Civic Center or a representative of the club. I agree to be financially responsible for any and all injuries that may occur during practice or games. I do so give my permission, that in case of injury; my child may be treated or given immediate care by any qualified coach, EMT, parent or physician.

Signature of Parent/Guardian: _____ Date: _____

PLAYER FEE: ☐ \$60.00 Per player (not-to-exceed \$120.00 per family) ☐ **INTERSQUAD (4K-2nd) PLAYERS - \$10.00**

WORK DONATION: ☐ \$50.00 (returned upon fulfillment of work obligations) **(Does not apply to Intersquad parents)**

Please keep in mind that in the event of not having enough children at any grade level that it may be necessary to work with other Athletic Departments to ensure your child has a place to play.

Please complete this form with check made payable to St. Cloud Athletic Club and return to:

Jill Horn, 124 Clark St., St. Cloud, WI 53079 ☎: jilmari79@gmail.com 📞: 920.602.0763