

SACRED HEART NORTH QUINCY YOUTH BASKETBALL

Challenger Basketball Registration

OPEN TO PLAYERS AGES 5 & UP WITH SPECIAL NEEDS FROM ANY COMMUNITY – 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 mailed or dropped to 44 Stedman St. Quincy Ma. 02169.**
- Drop-in registrations will be accepted Saturday 1/5 – We are encouraging pre-Registration.

PROGRAM RUNS SATURDAYS 1/5-2/23 AT CENTRAL MIDDLE SCHOOL QUINCY

REGISTRATION FORM

Circle one: **MALE / FEMALE**

CHILD NAME _____ DOB _____ / _____ / _____

Child Age _____

EMAIL (PRIMARY) _____

EMAIL (SECONDARY) _____

ADDRESS _____ ZIP _____ PHONE # _____

ALTERNATE /EMERGENCY CONTACT - NAME _____ PHONE # _____

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

I understand that 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 _____