



Junior Varsity and Varsity Basketball Registration Form

Please Print Clearly

Student's Name: _____ Grade: _____

Gender: Male _____ Female _____

Birth Date: _____

Address: _____

Parent's Email: _____

Secondary Email: _____

Home Phone: _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father Cell: _____

**Registration Fee: \$90 p/child
MUST be paid prior to participation**

Make checks payable to: **John Paul II R.S.** Indicate Athletics in memo

Amount Enclosed: \$ _____ Check # _____ Cash: _____

T-shirt size: YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL _____

Insurance Information – You MUST selection one of the options below:

Insurance compliance is a mandate of the Diocese.

_____ I have reviewed my automobile policy and find that I am covered for a minimum of \$100,000/\$300,000 in liability. This enables me to participate in any team car pool to and from an athletic event.

_____ I do not wish to participate in any car pooling to and from any athletic event.

Your signature gives your child permission to participate in these activities.

Parent/Guardian Signature: _____ Date: _____ \

****This must be accompanied by all other required medical forms before your child can participate. Send all forms into school attention: Athletics.
All Forms are available online www.jp2rs.org-Athletics**

For questions, please contact JP II Athletics at athletics@jp2rs.org