



## Junior Varsity and Varsity Basketball Registration Form 25-26

**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: \$140 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](http://www.jp2rs.org-Athletics)**

*For questions, please contact JPII Athletics at [athletics@jp2rs.org](mailto:athletics@jp2rs.org)*