

**St. Fabian \*\* 1-4 Grade  
2008 Intramural Basketball**

**Player Information:**

Name \_\_\_\_\_

Grade \_\_\_\_\_

Gender \_\_\_\_\_ Boy \_\_\_\_\_ Girl

School \_\_\_\_\_

Have you played basketball before? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Skill Level\* 1-5 \_\_\_\_\_

*\*Please rate your estimated skill level, with 1 being a beginner, 5 being more advanced. This will help sort fair and equitable teams.*

Shirt Size Youth \_\_\_\_\_(s,m,l,xl) Adult \_\_\_\_\_(s,m,l,xl)

Friend and/or requested coach \_\_\_\_\_

*We will attempt to honor all requests, but in the interest of fairness for all players we cannot guarantee this request will be honored.*

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**Parent Information:**

Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address\* \_\_\_\_\_

*\*If you have an email address, please enter. Most information about the league will be communicated through email.*

I will volunteer for: \_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Scorer

For coaches and Asst. Coaches Shirt Size Adult \_\_\_\_\_(s,m,l,xl)

*Volunteers are necessary to make this program work. Your time and effort is needed and appreciated.*

Payment (\$30) \_\_\_\_\_ Cash \_\_\_\_\_ Check (**Payable to St. Fabian CYO**)

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**Medical/Waiver/Release**

This is to certify that I, as a parent or guardian of the above named player, hereby grant permission to the adult coach of the team, or his/her assistant to obtain medical care from any licensed physician, hospital or medical clinic for the player, at such time as either parent or guardian cannot be contacted in person or by telephone. I hereby release, indemnify and agree to hold harmless the Archdiocese of Detroit, St. Fabian School and Parish, St. Fabian Athletic Board Members, coaches and adult volunteers from any claim arising out of the injury to the player.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_