

St. Elizabeth School Basketball Registration Form

2019-2020 Season

*****Player Section*****

Player Name _____

Gender M _____ F _____

Grade _____ Competitive Basketball Team Experiences:

Date of Birth _____

(Travel, AAU) _____

Home Telephone Number _____

Parent Contact Email(s) _____

****Return This Form With Registration Fee****

*****Coach Volunteer Section*****

Name _____

Check If Willing to be Head or Assistant Coach _____

Check if Willing to be Assistant Coach Only _____

Cell Phone Number _____

Email _____

Have You Taken Protecting God's Children? Yes _____ No _____

Have Rutgers Safety Course Yes _____ No _____

Have Certification for CPR/AED Yes _____ No _____

Have Up To Date Parish Background Check Yes _____ No _____

