

ST. PAUL STARS YOUTH BASKETBALL LEAGUE



Registration and Contact Form

Player's Name: _____

Home Phone: _____ Cell Phone: _____

I hereby grant permission for _____ to play in the Youth basketball league. I acknowledge receipt of the Youth basketball rules. I release the staff, members and volunteers of St. Paul United Methodist Church from any liability. In the event of a medical emergency, I grant permission for medical personnel to administer emergency treatment to my child.

Parent or Legal Guardian Name (Print)

Signature of Parent or Legal Guardian

Date

League Registration: \$85 | Basketball Shirt Fee: \$25