

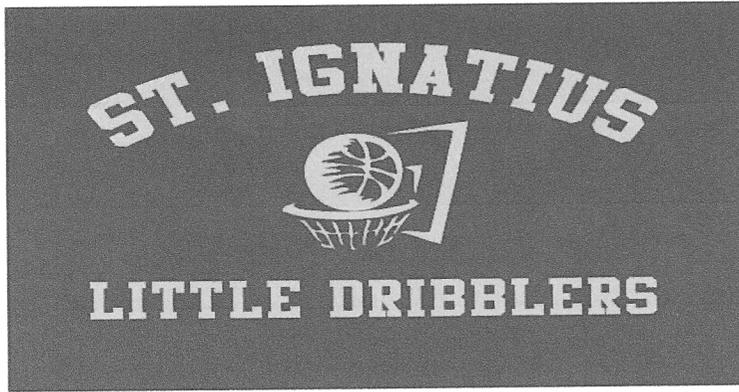


Are you ready to pass,
shoot & score?

St. Ignatius
Little Dribblers
sign-up deadline is
Wednesday, December 4th



Return your completed
form to the school
office



Little Dribbler Participation Permission Slip

I give permission for my child to participate in the St. Ignatius Little Dribblers' program. I understand that my son / daughter will be playing and participating in the program at his / her own risk. I agree to hold harmless St. Ignatius Parish School, its staff, coaches and volunteers, from any injuries that my son / daughter may sustain while participating in the Little Dribblers program.

| | |
|--------------|-------|
| Student Name | Grade |
|--------------|-------|

| | |
|-----------------------------|------|
| Parent / Guardian Signature | Date |
|-----------------------------|------|

I understand that there is a \$40.00 participation fee for my son/daughter. Checks should be made payable to St. Ignatius Athletic Committee.

Please select the desired tee-shirt size for your son / daughter:

| | | | | |
|--------|-------|--------|-------|---------|
| Kids: | Small | Medium | Large | X-large |
| Adult: | Small | Medium | | |

St. Ignatius Little Dribblers

(Optional Logo Wear order form)

| | S | M | L | XL | XXL | Price | TOTAL |
|---|---|---|---|----|-----|--------------|-------|
| Youth Athletic Shorts | | | | | | \$22 | |
| Adult Athletic Shorts | | | | | | \$28 | |
| Water Bottle | | | | | | \$5 | |
| Duffle Bag (while supplies last) | | | | | | \$15 | |
| Youth Basketball Sports Pack (duffle bag, water bottle, youth shorts) (duffle bag – while supplies last) | | | | | | \$37 | |
| Adult Basketball Sports Pack (duffle bag, water bottle, adult shorts) (duffle bag – while supplies last) | | | | | | \$43 | |
| | | | | | | Total | |

Please return the order form with payment. Call or email Jennifer Thompson with questions at 342-1556, kentjennyandmax@yahoo.com, 342-1556, or Kristina Metzinger, kmetz@surewest.net, 743-9845

MAKE ALL CHECKS PAYABLE TO: ST. IGNATIUS ATHLETICS

NAME: _____

GRADE: _____

PHONE NUMBER: (Day) _____ (Eves) _____

ATHLETICS

Parochial Athletic League

SPORT: _____ **GRADE:** _____ **TEACHER:** _____

STUDENT _____ **HOME PHONE** _____

Father _____

Mother _____

Father Business Phone _____ **Mother Business Phone** _____

Father Call Phone _____ **Mother Call Phone** _____

Father E-Mail _____ **Mother E-Mail** _____

In case of emergency (when parents cannot be reached), please contact;

| | | | | | |
|-------------|---------------------|--------------|-------------|---------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | Phone | Name | Relationship | Phone |

| | | |
|------------------|-------------|--------------|
| _____ | _____ | _____ |
| Physician | Name | Phone |
| _____ | _____ | _____ |
| | Name | Phone |

| | |
|----------------|--------------|
| _____ | _____ |
| Dentist | Name |
| _____ | Phone |

(**Please complete reverse side**)

AUTHORIZATION FOR CONSENT OF TREATMENT OF MINOR

In the event of serious emergency, and none of the persons listed on the reverse can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital. I hereby agree to bear all costs incurred as a result of the foregoing:

MY CHILD IS ALLERGIC TO:

| | |
|----------------------------|-------------|
| _____ | _____ |
| _____ | _____ |
| Signature of Parent | Date |

I do not choose to sign the above statement. In the event of an accident or emergency, please _____

_____ **Signature of Parent**

MEDICAL INSURANCE COVERING THE STUDENT: _____
Name of Company Policy No.

Are there any health conditions of your child that we should be aware of? _____