

SAINT AMBROSE OF WOODBURY 2009-2010 WINTER SPORTS SIGNUPS ARE HERE!!!



It's time again to sign up for winter sports at Saint Ambrose, and that means basketball for boys and girls. We are offering basketball teams for boys and girls in grades five through eight. Our basketball teams compete at home and away games throughout the Catholic Athletic Association of Saint Paul. We would like to offer as many teams as possible, but the number of teams we offer and their composition will be determined by the number of paid athletes who sign up. Last year we offered five boys' teams and three girls' basketball teams. We hope to duplicate that level of interest this year.

The athletic fee for basketball is \$85.00 and must be paid at the time this form is returned. Early registration is essential in organizing teams and joining the right number of leagues, so please respond as soon as possible. **This form and the fee must be returned during the month of October to guarantee placement on one of our teams.**

If you're signing up for basketball, please return this form to Mr. Demco with a check for \$85.00 made out to Saint Ambrose. These teams will also require a number of interested parents and/or community members to accept coaching duties. All our coaches are eligible to receive a modest stipend for their time and energy.

DO NOT TEAR!! - COMPLETE THE BACK !! DO NOT TEAR - COMPLETE THE BACK!!

NAME: _____ HOMEROOM: _____

ADDRESS: _____ CITY: _____ ZIP: _____

GRADE: _____ PHONE NUMBER: _____

GENDER: M F SPORT: BASKETBALL
(Circle One)

DAD'S FIRST NAME: _____ MOM'S FIRST NAME: _____

PARENT'S EMAIL ADDRESS: _____

I WOULD BE INTERESTED IN COACHING A TEAM: YES NO
(Please Circle)

PARENT'S SIGNATURE: _____

2008-2009 MEDICAL INFORMATION FORM

SAINT AMBROSE OF WOODBURY CATHOLIC SCHOOL
4125 WOODBURY DRIVE - WOODBURY, MN 55129
ATHLETIC DIRECTOR – TIM DEMCO (651) 768-3053

Dear Parents,

Please complete the information requested on this form. This information will accompany your child's team at practices, games, and tournaments. The medical information you provide will be used exclusively to inform first responders, paramedics, and physicians in the event of an accident or injury at a school-sponsored athletic event, to contact appropriate physicians, and to contact parents/guardians if the need arises. No other purpose exists for this form, and it will be destroyed at the end of the school year.

Student's Name: _____

Grade: _____ Home Phone Number: _____

Parent/Guardian Signature: _____

Work Phone Number: _____ Cell Number: _____

Please provide the medical information below so that it's available in the event of an emergency.

Emergency Contact: _____ Phone: _____

Back Up Contact: _____ Phone: _____

Doctor or Clinic: _____ Phone: _____

Insurance Carrier: _____ Hospital: _____

Special Issues: (Pre-existing conditions, injuries, allergies)

**THIS FORM MUST BE RETURNED TO THE ATHLETIC DIRECTOR PRIOR TO
BEGINNING PRACTICE OR PLAYING IN A GAME.**