



Holy Family School
Basketball Club
In the Gym
Tuesdays 2:45-3:30pm
With Mr. DiBona

Please allow my child _____ in grade _____
to participate in the Basketball Club with Mr. Di Bona on
Tuesdays. I release Holy Family School from any responsibility
due to injury in this program.

Parent's name _____ Cell phone # _____

Parent's signature _____ Date _____