

ST. MICHAEL SCHOOL

Boys Basketball - CYAC League

Student Athlete: _____

Date of Birth: _____

Grade (circle one): **5** **6** **7** **8**

Address: _____

Phone: _____

E-mail: _____

Parents Names: _____

School or Religious Education (circle one)

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Paid Yes____ No____

Medical Form Yes____ No____

Handbook Signed Yes____ No____

- Turn in this completed registration form.
- \$50.00 player fee due
(nonrefundable, make checks payable to St. Michael School)
- Printed/Signed back page of the Athletic Handbook.

Further items that will need to be completed and turned in before your athlete can participate in practice/games:

- An MHSAA student physical form

If you have any questions, please contact me.

Dawn Goodman

dawngoodman@stmichaelgl.org