

*Saint Sophia Sunday School*  
**Basketball Registration Form**

Please complete one form per player.

<b>Player's Name (last, first)</b>		<b>Date of Birth</b>	<b>Grade</b>	<b>Jersey #</b>
<b>Address (street)</b>				
<b>(city)</b>		<b>(state)</b>		<b>(zip code)</b>
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Player's E-mail Address</b>
<b><u>Parent Information</u></b> <b>Father's Name</b>			<b>Mother's Name</b>	
<b>Work Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	
<b>E-Mail</b>		<b>E-Mail</b>		
<b>Emergency Contact Person</b>			<b>Phone Number</b>	
<p><b>I hereby give permission for any and all medical attention as necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of the Coach or designee, until such time as I may be contacted. This release is effective until such time as revoked by me. I also hereby assume the responsibility for payment of such treatment.</b></p>				
<b>Physician's Name</b>			<b>Phone Number</b>	
<b>Dentist's Name</b>			<b>Phone Number</b>	
<b>Insurance Company</b>				
<b>Policy#/Identification</b>				
<b>Known Allergies/Other Health Issues</b>				
<p><b>Do we have your permission to administer Advil or Tylenol for minor aches and pains?</b>  <b>Yes _____ No _____</b></p>				

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**Please mail completed form to:** Eleni Planzos 14517 Manor Park Dr., Rockville, Md. 20853  
or email with questions to [esplanzos@comcast.net](mailto:esplanzos@comcast.net)