



2017-2018 BASKETBALL REGISTRATION

Registration Deadline: Friday, October 6th, 2017
Please turn in your registration to the school office.

Cost:
\$50 for 4th graders
\$85 for 5th thru 8th graders
Make checks payable to:
St. Joseph Athletics

Practice:

Most practices will start first week of November. (Varies by grade)

Teams and Play:

4th grade boys will play in the Waconia C.E. League on Saturdays, Possibly extra games during week, and tournaments. Games start after Christmas Break.

5th grade boys will play in the Waconia C.E. League on Saturdays, Possibly extra games during week, and tournaments.

6th grade boys will play in Waconia C.E. League on Saturdays, Possibly extra games during week, and tournaments.

4th grade girls will play in Waconia C.E. League on Saturdays, Possibly extra games during week, and tournaments. Games start after Christmas Break.

5th grade girls will play in the Waconia C.E. League on Saturdays. Possibly extra games during the week and tournaments.

6th grade girls will play in Waconia C.E. League on Saturdays, Possibly extra games during week, and tournaments.

7/8th grade boys and girls are being scheduled. Will play an independent schedule during the week and tournament schedule on weekends.

NOTE: Teams/Grade levels may be combined pending Registration numbers!

Coaches:

We are using parent/volunteer coaches again. If you are willing to coach/help, please send an email to ssutherland@stjosephwaconia.org or call 952.442.4500 ext. 412.

VIRTUS:

ALL coaches are required to have attended VIRTUS and complete Concussion training.

Shawn Sutherland
Physical Education/Athletics
Email: ssutherland@stjosephwaconia.org
Phone: 952.442.4500 ext. 412

St. Joseph Catholic School | 41 East 1st Street, Waconia, MN 55387 | 952-442-4500 |
schooloffice@stjosephwaconia.org | school.stjosephwaconia.org

2017-2018 Basketball Registration

Registration:

Name: _____

Grade: (circle one) 4 / 5 / 6 / 7 / 8 Circle one: Boy Girl

Parents Name: _____

Address

Street: _____

City: _____ Zip: _____

Home Phone #: _____

Mother's Cell #: _____

Father's Cell #: _____

Mother's Email Address: _____

Father's Email Address: _____

Participant's Signature _____ Date: ____/____/____

Parent Signature _____ Date: ____/____/____

By signing this registration form, we agree to uphold the guidelines listed in the
St. Joseph Catholic School Athletic Program Handbook.

By signing this form, I also agree to be a volunteer for the needs of this activity.
(Examples: concession workers, scorekeepers, and line judges, hall monitor)

Date: _____ Paid _____ Check Number _____

Cash _____ No Payment attached _____