



A Roman Catholic School
Saint Rocco School
Sharing the Love of the Heart of Christ!
 931 Atwood Ave. • Johnston, RI 02919
 Tel: (401) 944-2993 • Fax: (401) 944-3019 www.stroccoschool.org



BASKETBALL REGISTRATION/RELEASE FORM

ALL PARENTS WILL BE REQUIRED TO ATTEND A PARENT MEETING PRIOR TO THE START OF THE SEASON.

September 15, 2023

Please fill out the form below (print), sign and attach a check payable to St. Rocco School for the registration fee. **Registration Fee \$100.00 per student.** Also, all other paperwork must be filled out completely.

NO student will be allowed to practice until all completed paperwork and fees are returned and a parent has attended the parent meeting.

Player Name _____

Tel. _____

Address _____

Birth date _____

Additional adult contact in case of an emergency

Name _____

Tel. _____

Relationship _____

Parent Email _____

By signing this form, I (Parent/Guardian) certify and give my permission for

_____ to participate on the St. Rocco Basketball Team for the 2023-2024 season. I have given my child instructions, and I release the school, coaches, teachers and chaperones from all liability and claims against them.

Parent(s)/Guardian(s) Signatures _____

Date _____

Date _____

Please list any medical condition or medications needed for your child.

