



Raider Basketball League Registration Form 2012



Participant's Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell _____

Emergency Contact (relation & number) _____

Email Address _____

West Deanery Parish or school _____

Youth T-Shirt Size _____

Does the participant have a physical on file with CYO or their school? Yes ___ No ___

Are there any medical conditions that we as coaches need to be aware of?

I authorize the directors/coaches of the "Raider Basketball League" to act for me according to any information that I have provided and in their best judgment in any emergency requiring medical attention and waive and release Cardinal Ritter High School of all liability for illness or injury.

Parent/Guardian Signature _____

If you have any questions then feel free to contact Pete Bitting at 317-924-4333 ext. 129 or e-mail pbitting@cardinalritter.org. The cost of the league is **\$40**. Please send in the registration form to Cardinal Ritter High School to the attention of Pete Bitting and make the check out to **Cardinal Ritter High School**. The registration deadline is Feb. 7th, 2012.

Cardinal Ritter High School
3360 W. 30th St.
Indianapolis, IN 46222

