



St. Mark School
2025-2026 Athletics Program
Registration and Permission Form
BASKETBALL



Please complete both sides of this form and return it with the indicated registration fee below per student athlete and a copy of the student's health assessment record (dated within one calendar year) to the Main Office by Friday, October 31, 2025. Check payments can be made out to: St. Mark School

Financial Obligations

Parents/Families of any student participating in a school-sponsored sport must be in good financial standing with St. Mark School. Any fees associated with school-sponsored sports including, but not limited to registration fees, are non-refundable.

JJV Registration Fee \$175 (includes league games, tournament entry fees, practice tee shirt)

____ Girls JJV (Gr 3/4)

____ Boys JJV (Gr 3/4)

JV Registration Fee \$225 (includes league games, tournament entry fees, practice tee shirt)

____ Girls JV (Gr 5/6)

____ Boys JV (Gr 5/6)

V Registration Fee \$225 (includes league games, tournament entry fees, practice tee shirt, warm-up shirt)

____ Girls Varsity (Gr 7/8)

____ Boys Varsity (Gr 7/8)

Student Athlete's Information

Student's Name _____ Date of Birth ____/____/____ Grade _____

Address _____ City _____ Zip Code _____

Please list any allergies, medical conditions that the coaching staff should be aware of:

Parent/Guardian's Information

The following information must be completed and signed by the appropriate parent or guardian and returned to St. Mark School before participation in student athletic activities will be allowed.

Parent/Guardian #1: _____ Cell _____ Email _____

Parent/Guardian #2: _____ Cell _____ Email _____

Emergency Contact _____ Emergency Contact Cell _____

All players participating in athletic activities at St. Mark School must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the student.

1 required for complete registration: registration forms (two pgs.), registration fee, student health assessment record



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Insurance Information

Insurance Company _____ Policy Holder _____

Policy Number _____ Group Number _____

Address or phone number of insurance company _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Waiver of Liability

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff and agents of St. Mark School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on page 1 of this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge St. Mark School and its staff, officers, agents, volunteers, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

Student's Name _____

Signature of Parent/Guardian _____

Print Name _____ Date: _____

Signature of Parent/Guardian _____

Print Name _____ Date: _____