

# Attention Saint Columba Parishioner:

It is time to sign up for this year's Saint Columba's Biddy Basketball program! This is a great opportunity to give your child a chance to learn about the game of basketball, be a part of a team and have fun! It does not matter if your child has never played before or has a few years of experience, all are welcome to play! Speaking as a parent of multiple children who have played in this program, I can honestly say it is a great opportunity for your child to learn, improve and play. This program balances learning the skills of the game as well as the importance of teamwork and cheering on/encouraging each other; both important for all sports!

**Who:** Boys or Girls Grade K-3

**What:** Biddy Basketball (this includes practices and games)

**Where:** St Columba Gym (practices and games will be held here)

**When:** Begins the week of 1/15/2024 and will go to about 3/10/2024

**Why:** To learn, try and have fun!

On the back, you will find the registration form. Please fill it out and return (with a \$30 registration fee) to either St. Columba School or the Parish Office. Any questions, please ask! [kminemyer@berwicksd.org](mailto:kminemyer@berwicksd.org)

Hope to see you and your child on the court soon!

Kathryn Minemyer

John Flynn

Program Directors

Saint Columba CYO Basketball

# St. Columba Biddy Basketball Registration Form

## 2023-2024

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade \_\_\_\_\_ Shirt Size  
Circle response -Youth or Adult/ S M L XL

School: \_\_\_\_\_ Circle Response - STC Parishoner: Yes or No  
CYE Attendee Yes or No

School District \_\_\_\_\_

Parent/Guardian Names:

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Does the Player have any medical problems that will affect their ability to play basketball? If yes, please explain.

\_\_\_\_\_

### AGREEMENT

In consideration of this application to St. Columba Biddy Basketball, I waive all claims for myself and for the participant listed above for any injuries or illness, which may result from participation. I further state that the above participant is in proper physical condition to participate in this program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check: Yes, I would like to be a Coach \_\_\_\_\_, Asst. Coach \_\_\_\_\_, Team Mom \_\_\_\_\_

Make \$30 registration check to Saint Columba