St. James Sports Club
5-on-5 Fall Girls Basketball League

If your daughter will be in 3rd-6th grade and would like to play in the fall 5 on 5 basketball league, please sign this permission slip and return it to office in the Elementary office or Coach Engelbrecht in the Middle School by Friday, September 2nd. The league will start on September 24th and will be every Saturday for 6 weeks, ending October 29th. The first game will start at 9 a.m. every Saturday morning with all games taking place at the Middle School. The championship for 5th and 6th will take place at a time and place TBD.

If you have any questions, please contact Jon Rapp at (573) 263-0598 or jon.rapp@mypcb.com.

I hereby give permission for _____ to play in the fall
(Participant's Name)
5 on 5 basketball league.

Participant's Grade: _____

Participant's Shirt Size: Youth ____ ____ _____ _____
4-5 6-8 10-12 14-16

Adult ____ ____ ____ ____
S M L XL

_____
Parent/Guardian Printed Name

_____
Parent/Guardian Signature

Contact Information:

Phone #: _____

Email: _____

____ I would like to coach a team in this league. My phone number is _____

and my email address is _____