

2015
1st and 2nd Grade OLS
INTRAMURAL BASKETBALL
REGISTRATION FORM

Child's Name: _____ Circle: Boy or Girl

Grade: _____ Teacher: _____

Height: _____ inches Number of years playing organized basketball _____

Contact Info:

Home or Cellphone: _____

Email: _____

2nd phone or email: _____

School attending if other than OLS: _____

*Please enter info here if a sibling will also be playing, and complete a separate registration form for each child playing.

Sibling name: _____ Grade: _____

REMEMBER TO SIGN THE WAIVER ON THE BACK OF THIS FORM

YES! I am interested in coaching _____ (Name)

Coaches please supply email address _____.

*Please indicate BEST day for practice (Monday, Wednesday or Either)

_____.

PLEASE NOTE: COACHES AND ASSISTANT COACHES MUST HAVE COMPLETED "PROTECTING GOD'S CHILDREN" TRAINING AND HAVE HAD A CRIMINAL BACKGROUND CHECK TO VOLUNTEER FOR INTRAMURAL BASKETBALL.

Submit this form online. Make a \$50.00 check payable to OLS Athletic Committee and drop it off to the school or parish office no later than Monday, December 1. Please put child's name in memo section.

ASSUMPTION OF RISK

ATTENTION: Athletes and Parents

Parish/School_____

Player's Name_____

Address_____City_____Zip_____

We want to call your attention that participation in sports requires an acceptance of risk of possible injury.

You, as a player, can help make athletics safer by not intentionally using techniques which are illegal and which can cause serious injury.

The coaching staff is concerned with your safety and wants you to derive pleasure of athletic participation.

I, _____(Signature), student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

Date:_____

I, am the parent or legal guardian of _____and have read the above and recognize the risk in my child's participation and injury.

The student is covered by insurance in effect for the school year.

Parent or legal guardian signature

Date