

2018-2019 SETON LITTLE ANGELS BASKETBALL REGISTRATION

GIRLS AND BOYS KINDERGARTEN-2<sup>nd</sup> GRADE

\*\*\*REGISTRATION FORM AND FEE IS DUE BY OCTOBER 24<sup>th</sup>\*\*\*

SEND INTO THE OFFICE ATTN: LITTLE ANGELS BASKETBALL



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

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Catholic Parish/School & Location \_\_\_\_\_ Grade/Sept 2018 Male \_\_\_\_\_ Female \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent Name (Full): \_\_\_\_\_

Parish You Attend: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Basketball (please check one): Kindergarten \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

T-shirt size: XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ Other \_\_\_\_\_

**Health History:** Please list any medical conditions that might affect your son/daughter from participating in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact (if parent is not available): \_\_\_\_\_ Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Any allergies or special needs/concerns/dietary restrictions, health concerns: \_\_\_\_\_

Any medications (prescription and/or non-prescription) currently taking (include dosage): \_\_\_\_\_

**Release Statement:** I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I certify that my child is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program.

I authorize the Diocese of Rochester to provide this registration form to the Athletic Director and/or the Coach and/or Coaches of my child's team.

My signature confirms that I have read CYO Athletics' philosophy and I give my permission for my child to participate in the program and for the Athletic Director and/or Coach to have a copy in his/her records. I hereby release the Diocese of Rochester, Seton Catholic School and all of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and all liability for any damages suffered as a result of or relating to my child's participation in the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE – Diocese of Rochester/CYO Athletics/Seton Catholic School**

I give permission for the Diocese of Rochester/Seton Catholic School to make use of pictures of my son/daughter for informational/advertising purposes only. Please check one of the following boxes:

- In conjunction with the photographs, slide, audiotape or videotape, I also give my permission for the Diocese of Rochester, CYO Athletics, and Seton Catholic School to identify the person(s) either verbally or in writing.
- I request no identifiable information pertaining to the above-named person(s) be used in conjunction with the photograph, slide, audiotape or videotape.

I hereby release Diocese of Rochester, Seton Catholic School and all of its affiliated entities, including its employees, volunteers and the parish sponsor for any and all liability for any damages suffered as a result of or relating to the use of any photograph, slide, videotape or audiotape of my child done in accordance with the foregoing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES**

The fee is **\$30 for all Seton Catholic School students** grades Kindergarten-2<sup>nd</sup>.

The fee is **\$60 for all non-Seton Catholic School students** grades Kindergarten-2<sup>nd</sup>.

Fees should be paid now with the return of this form. Please fill out a **separate form for each player**.

Checks are payable to: **Seton Catholic School**.

**COACHING VOLUNTEERS**

I am interested in volunteering, please contact me:

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

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

E-mail: \_\_\_\_\_