

## 2021/2022 OLMC WARRIOR BASKETBALL REGISTRATION FORM

Participant's Name: \_\_\_\_\_ OLMC Student: \_\_\_\_\_ Religious Ed.: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ School/Current Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Known Medical Conditions: \_\_\_\_\_

**Registration Fee: \$225 (1st child)    \$150 (2nd child)    Family Max \$450**

**Basketball (Grades 3-8): # Children** \_\_\_\_\_

**Uniform Fee: \$100** \_\_\_\_\_

**Total:** \_\_\_\_\_

Uniform Info: (Please Circle)

Jersey:                    YS      YM      YL      YXL      AS      AM      AL      AXL

Shorts:                  YS      YM      YL      YXL      AS      AM      AL      AXL

Current Uniform #: \_\_\_\_\_ (Should an older player share your #, you may need to select a new one.)

If new to team:            1st Choice: \_\_\_\_\_      2nd Choice: \_\_\_\_\_      3rd Choice: \_\_\_\_\_

**Waiver and Release**

I, the parent of the above named child, hereby give my approval and permission to my child's participation in any and all athletic activities directly or indirectly associated with the Our Lady of Mount Carmel program, including transportation to and from these activities and I do hereby waive, release, absolve, indemnify and agree to hold harmless the OLMC program, its organizers, sponsors, supervisors, coaches, coordinators and participants as well as any persons transporting my child, except to the extent and in the amount covered by any applicable accident or liability insurance, if any. I recognize and understand injuries may occur during the participation of athletic events and with this knowledge my child and I voluntarily choose to assume the risk of injury that may result in these activities and/or transportation to and from these activities. I also hereby fully consent to the emergency medical care being administered to my child in the event that the above named child should require such attention. This waiver remains in effect until it is revoked in writing by the undersigned parent and delivered to the OLMC Athletic Department.

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

**Cash or checks payable to OLMC Athletic Fund Return to School Office by 11/3/2021**