



CYO BASKETBALL

2011-2012 REGISTRATION FORM

Registration is open to St. Mary's students in grades 3 through 8 as well as any student active in the parish CCD program. We will be participating in the Gloucester County Catholic League. We are looking to fill the following teams:

- 3rd and 4th grade Girls (Instructional League)
- 3rd and 4th grade Boys (Instructional League)
- 5th and 6th grade Girls Junior Varsity
- 5th and 6th grade Boys Junior Varsity
- 7th and 8th grade Girls Varsity
- 7th and 8th grade Boys Varsity

Registration Fee: \$75.00 per child

Additional Child: \$50.00 per child

Fees will assist in the purchase of uniforms, referee fees and post-season awards.

REGISTRATION FORMS AND PAYMENT ARE DUE NO LATER THAN MONDAY, OCTOBER 31st 2011

Thank You,

Suzi Wescott, Athletic Director

Players Name _____ Grade _____ Sex: M F DOB _____

Players Name _____ Grade _____ Sex: M F DOB _____

Players Name _____ Grade _____ Sex: M F DOB _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact (Other than Parent or Guardian)

Name _____ Phone _____

Known allergies or other pertinent medical information related to athletic activities:

Payment Amount _____ Check # _____

**ST. MARY'S SCHOOL
EAST VINELAND, NEW JERSEY 08360**

MEDICAL INFORMATION, CONSENT TO MEDICAL TREATMENT AND RELEASE

PARTICIPANT'S NAME: _____

NAME OF PARENTS: _____

PHONE NUMBERS: _____

PRIMARY DOCTOR: _____ PHONE NO: _____

MEDICATION: *The following medication will be used by my son and daughter*

NAME OF MEDICATION: _____

NAME OF MEDICATION: _____

PRESCRIBING DOCTOR: _____ PHONE NO: _____

**All medication is to be presented to one of the designated chaperones, before departure, in its original container, labeled with your son or daughter's name.

**If your son or daughter MUST have medication with him or her at times, please indicate the specific reason: _____

MEDICAL CONDITIONS: Please identify any medical condition(s) that your child has:

ALLERGIES: To medicines: _____

To other factors: _____

INSURANCE:

Carrier and Insurance plan: _____

Policy Number: _____

MEDICAL CONSENT AND RELEASE:

By reason of our son/daughter being on a group trip, we as parents/guardians of the minor named above, hereby consent and give our permission for our child to be diagnosed, treated and/or medicated in accordance with standard medical practice, by licensed medical personnel.

**ST. MARY'S SCHOOL
VINELAND, NEW JERSEY 08360**

We hereby release any and all claims against **St. Mary's School, St. Padre Pio Parish, East Vineland, NJ, the Diocese of Camden, NJ**, and their respective agents, servants, employees, officers, trustees, administrators, parent drivers, and volunteers for damages and/or injuries to us or to our child which may arise from such medical treatment.

We agree to indemnify and hold harmless **St. Mary's School, St. Padre Pio Parish, Vineland, NJ, the Diocese of Camden, NJ** and their respective agents, servants, employees, officers, trustees, administrators, parent drivers, and volunteers, from and against any claim or claims brought by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with such medical treatment.

We agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

Parents' Signatures: _____

Print Parents' Names: _____

Date: _____