

# MARY OUR QUEEN BASKETBALL REGISTRATION FORM / PAROCHIAL ATHLETIC LEAGUE

(Open to all Registered Parishioners Grades 4-8; Must be enrolled in the 5-day school or Religious Ed program)

**Registration Must Be Turned In By Sep 8th To Avoid LATE FEE.**

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Gender: M F Height: \_\_\_\_\_ Circle one: 5 Day or Religious Ed?  
 Home Phone: \_\_\_\_\_ Circle one: PRIMARY or SECONDARY team?

Please list any medical conditions that your child's coach should be aware of:

\_\_\_\_\_

LIVES WITH: FATHER MOTHER BOTH GUARDIAN

Parents or Guardians \_\_\_\_\_

Mothers cell \_\_\_\_\_ Fathers cell \_\_\_\_\_

Mothers email \_\_\_\_\_ Fathers email \_\_\_\_\_

PLEASE INDICATE AT LEAST ONE AREA THAT YOU WOULD BE ABLE TO HELP.

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Other \_\_\_\_\_

Volunteer's Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*\*\*\*All Coaches Must Have Completed Safe Environment Training.\*\*\*\*\***

Training must be completed **before** the season starts.

Schedule can be found at: <http://www.archomaha.org/pastoral/se/trainingdates.html>

**Uniforms are to be worn only at games. Players are responsible for any damages.  
 Damages will be covered with deposit check if necessary.**

**ACKNOWLEDGEMENT/RELEASE/CONSENT FOR EMERGENCY MEDICAL CARE**

I, the parent or legal guardian of the player, a minor, agree that I and the player will abide by the rules of Mary Our Queen Parish, the Mary Our Queen Basketball Committee, the Mary Our Queen Athletic Committee and their affiliated organizations and sponsors (including the owners of the facilities utilized for the basketball program). I acknowledge that the player and I have read, understand and will abide by the following Mary Our Queen Athletic Committee Approved Policies Regarding Parish Sports Programs policies found on the Mary Our Queen website: (1) MOQ Player Commitment, (2) MOQ Parent Code of Ethics, (3) Youth Coaching Guidelines and (4) Mary Our Queen Youth Basketball. In addition, recognizing the possibility of physical injury associated with basketball, I hereby, release, discharge, and/or otherwise indemnify Mary Our Queen Parish, the Mary Our Queen Basketball Committee, the Mary Our Queen Athletic Committee, their affiliated organizations and sponsors (including the owners of the facilities utilized for the basketball program), and their respective officers, members, employees, agents, volunteers, coaches, assistant coaches and associated personnel, against any claim by, or on behalf of the player as a result of the player's participation in the basketball program and/or being transported to and from the same which transportation I authorize. As the parent or legal guardian of the above player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or a doctor of dentistry. This care may be given under whatever conditions are medically necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR CLUB USE:**

Registration Fee	\$70*	Check # _____	Cash _____	Initial _____
Uniform Deposit	\$100*	Check # _____	Cash _____	Initial _____

\*Non-refundable after team postings. (Need 2 separate checks made out to MOQ Athletic Committee.)