



# ST. BRIDGET PARISH SCHOOL BASKETBALL REGISTRATION



(Please complete one registration form for each participant.  
Practices start late October dependent on coaches. **Registration forms due October 25, 2019.**)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email address\*: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

### Emergency Contact Information (other than parent)

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

Relationship to Student: \_\_\_\_\_

Student's Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions/Allergies that the basketball program should be aware of:

\_\_\_\_\_

Participant enrolled at St. Brigid Parish School:  Yes  No

Registered Member of St. Brigid Parish:  Yes  No

Program Level\*:  3<sup>rd</sup> Grade Skills & Scrimmage  4-8 Boys Games  4-8 Girls Games

I Would Like to Volunteer As:  Coach  Asst. Coach  Scorekeeper  Concessions Coordinator

\*Levels subject to change based on players per grade level

**Registration Fees: 3<sup>rd</sup> grade \$50/person. Other grades \$75/person. OR \$100/family.  
Please send payment made payable to "St. Brigid School"**

### PERMISSION TO PARTICIPATE/LIABILITY WAIVER

STUDENT: I \_\_\_\_\_ hereby acknowledge that I have read and understand the St. Brigid Athletics Handbook and will abide by all rules and expectations.

PARENT: I \_\_\_\_\_ hereby give my permission and approval for the above named child to participate in the St. Brigid Parish School basketball program. I understand the possibility of injury by the inherent dangers in participation in the sport of basketball and assume all risks and hazards incidental to such participation. I understand that by signing this waiver, I release St. Brigid Parish School, the Diocese of Superior, teachers, principal, coaches, assistant coaches, and officials from any legal responsibility or claims arising from injury while my son/daughter/guardian is participating in a school function including traveling to and from games and practices.

I understand that my son/daughter must be covered by my family health insurance policy.

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PARENTAL/LEGAL GUARDIAN PERMISSION SLIP  
FOR BASKETBALL PARTICIPATION AT AWAY GAMES

Dear Parent or Legal Guardian:

Your (son/daughter/guardianship) is eligible to participate in a school sponsored activity that may require transportation to a location away from the school site. This activity will take place under the guidance and supervision of volunteers from St. Bridget Parish School.

**Activity/Purpose:** Basketball Program

**Destination:** All Away Games

**Designated Supervisor of Activity:** Athletic Director and/or Coach

**Date and Time of Departure:** All Away Basketball Games

**Method of Transportation:** Private Vehicle

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I give permission for St. Bridget Parish School, the athletic director, and/or coach to sign for emergency medical care if I am unable to be contacted. I have signed the permission form along with filling in the names and telephone numbers of personnel that are to be contacted in case of an emergency.

I understand that if I will be providing transportation for away games or tournaments, I have a current WI Drivers License, proof of insurance, and have completed a driver information sheet in the school office.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby acknowledge that I \_\_\_\_\_ have read and understand the St. Bridget Parish School Athletics Handbook and will abide by all policies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*THIS FORM MUST BE COMPLETELY FILLED OUT (2 sides) AND ON FILE IN THE SCHOOL OFFICE  
BEFORE THE STUDENT WILL BE ALLOWED TO PARTICIPATE IN THE BASKETBALL PROGRAM.*

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FOR OFFICE USE ONLY:

DATE REGISTRATION FORM AND PAYMENT RECEIVED \_\_\_\_\_

CASH \$ \_\_\_\_\_  CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_ NAME ON CHECK \_\_\_\_\_