

# MCS Basketball 2018-2019

Open to 2nd-8th grade MCS students and parishioners.

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

Parents/Guardian Names and Cell Numbers:

\_\_\_\_\_  
Parent Email Address(s):  
\_\_\_\_\_

Each team practices 1 time per week. Games are held each Saturday beginning December 1st, with the exception of holiday weekends. 8 total games are played throughout the season. 2nd grade games will now be held on Saturdays.

The registration fee is \$100 and checks should be made out to MCS. **Please turn in registration form, medical consent form, and payment to the front office no later than the end of day October 25th. Late registration forms cannot be accepted.** Office hours are 8:00 AM – 3:30 PM.

If you are in need of a Basketball scholarship, please contact Amy Price at office-manager@utmcs.org.

I have also included a donation of \_\_\_\_\_ specifically to be used for the basketball scholarship fund.

**Volunteer Assistance is needed in the following areas:**

\_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach

Participating in The Madeleine Choir School sports program is both a privilege and a commitment. As a parent/participant, I will support the athletic program offered. As a participant, I will try my best to improve my own skills and encourage my teammates. I will show courtesy to coaches, teammates, and the opposing team. Good sportsmanship will be displayed at all times. I realize that inappropriate behavior may result in reduced playing time or suspension from a game.

Parent Signature \_\_\_\_\_

Participant Signature \_\_\_\_\_

If you have any additional questions please email Trever Wilson at [twilson@utmcs.org](mailto:twilson@utmcs.org)

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

Jersey Size

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

XL

Short Size

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

XL



Diocese of Salt Lake City  
Office of Youth Ministry  
27 C Street  
SLC, UT 84103



**CONSENT TO PARTICIPATE IN UCAA**

Dear Parent/Guardian:

Your child is eligible to participate in the Utah Catholic Athletic Association (UCAAA) for the school year 2013-2014 (including the following summer). The group will meet under the guidance and supervision of the staff of \_\_\_\_\_ School/Parish (the "Location") and in accordance with the policies of the Office of Youth and Young Adult Ministry of the Diocese of Salt Lake City (the "Diocese"). If you would like your child to participate in these events/activities, please review, complete, sign, and return this form (which includes Consent, Release of Liability, and Medical Matters) to your Athletic Director.

**STATEMENT**

**CHILD'S INFORMATION:**

Participant's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M / F  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Other (optional): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian's email (optional): \_\_\_\_\_  
(To send information/updates for Location/diocesan events)

**EMERGENCY CONTACTS:** In the event of an emergency, if you are unable to reach a parent/guardian above, please contact the following person(s):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:**

Medical/Dental Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT:** I hereby consent to participation by my child in the Youth Ministry Program. I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No consideration, monetary or otherwise, shall be paid.

**RELEASE OF LIABILITY:** I hereby release and hold harmless the Diocese of Salt Lake City, the Location, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

### SPECIFIC MEDICAL INFORMATION

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Date(s) of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet?  No  Yes

Any physical limitations?  No  Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, or fainting?  No  Yes

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, or N1H1?  No  Yes

If "Yes" has been marked for any of the above and/or the Location should be aware of this or any other medical conditions of my child, please explain in detail: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: \_\_\_\_\_

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the Location/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: \_\_\_\_\_

**MEDICATIONS:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

(If your child **does not take** any prescription or non-prescription medication, please write N/A)

### CODE OF CONDUCT

In signing below, you agree to the following. Youth who fail to live up to these expectations may be excluded from activities; or at the time of offense parents will be asked to retrieve their child at their own expense.

- ✓ No possession or use of alcohol, drugs, tobacco, or other illegal/objectable material.
- ✓ No disruptive behavior, excessive noise, fireworks, lighters, explosives, or weapons of any kind.
- ✓ Dress appropriately and modestly for activities/events. Tasteless and revealing clothing are forbidden.
- ✓ Minors (under 18) may not drive to external event locations and may not drive vehicles during events.
- ✓ Respect the property of others and the facilities. If you break or damage something, you pay for it.
- ✓ Youth must remain with their adult chaperones/leaders and are expected to participate during the entire event/activity. Youth may not leave the conference/activity facilities without an adult leader.
- ✓ Report any accidents, incidents, injuries, or illnesses to an adult leader immediately.
- ✓ Respect the rules of the leaders, event, and facility; such as quiet hours, curfews, and cell phone use.
- ✓ Your behavior should reflect a credit to you, your parents, and the Catholic Diocese of Salt Lake City.

Youth Signature: \_\_\_\_\_

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

*The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Location. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the Location and the Diocese.*

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

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