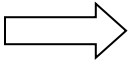


# ALL SAINTS BASKETBALL REGISTRATION 2018-2019



In order to accurately register All Saints for the upcoming 2018-19 Basketball season, **this registration form and payment must be received by Friday, September 28** to guarantee placement on a team. Failure to turn in registration by the deadline could result in player not being able to play if rosters are full.

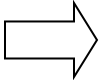
*I would like to register the following student(s) for the 2018-19 All Saints Basketball Program: One registration form per player is required, additional forms can be found on the athletics web page.*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

\_\_\_\_\_ Varsity Basketball (grades 7-8) \$115 \_\_\_\_\_ Cub Basketball (grades 4-6) \$115

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_



\_\_\_\_\_ I AM INTERESTED IN COACHING!!! (All Saints greatly relies on outstanding Mission Partners!)

## PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

I, \_\_\_\_\_, grant permission for \_\_\_\_\_

Parent or Guardian Name

Child Name(S)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the All Saints Catholic School and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the All Saints Catholic School /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior/injury by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

**MEDICAL INFORMATION:** Parents are responsible for administering any medication to their children before, during, or after practices, games or related activities. Medications kept in the Health Office (for use during the school day) will not be available before, during or after extracurricular activities.

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For Office Use Only*

Date Rec'd: \_\_\_\_\_ Check #: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_

Account #: \_\_\_\_\_ Received By: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO ALL SAINTS SCHOOL