

Our Mother of Perpetual Help Blue Jays

CYO Basketball (grades 2-12) -2016-2017

(To be eligible, the child must be enrolled in OMPH School, or be a registered member of one of the three parishes listed below and enrolled in CCD or RCIA program at one of those three parishes as of 10/15/2016.)

FAMILY INFORMATION	
Custodial Parent or Guardian Name(s)	Home Phone Name
Street Address	Work Phone Name
City, State, Zip	Cell Phone(s) Name
Email Address(es) for team information	Registered Member of: <input type="checkbox"/> OMPH <input type="checkbox"/> Our Lady of Lourdes <input type="checkbox"/> St James
REGISTRATION FEES (due by no later than October 15): 2nd & 3rd Grade: \$50/child 4th-8th Grades; \$100/child (max family payment - \$200)	

PARTICIPATION INFORMATION & REGISTRATION FEE						
First/Last Name	Gender	Birthdate	Potential Team	Grade	School	Registration Fee
						\$
						\$
						\$
						\$
TOTAL REGISTRATION FEE(s)						\$
BOOSTER BASH TICKET(s)						\$
(all checks payable to OMPH ATHLETIC ASSOCIATION)						\$

MAIL REGISTRATION FEE(S) PAYMENTS TO:

OMPH AA President - c/o Chris Sheaffer 320 Church Avenue, Ephrata PA 17522

VOLUNTEER INFORMATION				
Volunteer Name(s): _____	Home Phone: _____	Cell Phone: _____	_____	
I am willing to help with (must circle at least one):				
Head Coach	Assistant Coach	Team Parent	Concession Stand	Set-Up / Break Down
I hold a current/active Diocese Youth Clearance/Volunteer Badge:		Yes	No	

PLEASE BE SURE TO FILL OUT AND SIGN THE BACK OF THIS FORM

I hereby acknowledge my responsibility to reimburse the OMPH Athletic Association for the full replacement cost of any OMPH basketball uniform issued to my son or daughter should I fail to promptly return it following the conclusion of the season.

EMERGENCY / MEDICAL INFORMATION

Please list ALL medical conditions coaches should be aware of:

Insured Name	Insurance Carrier
Policy Number	Group Number
Family Doctor Name & Phone Number	
Hospital Preference	Allergies
Emergency Contact(s) other than parents/custodian:	
Name	Relationship
	Phone Number

RELEASE OF LIABILITY and PARENTAL RESPONSIBILITIES

In consideration of being allowed to participate in the OMPH Athletics Program, sponsored by OMPH Parish and its Athletic Association, and any related events and activities, and intending to be legally bound, I:

1. Agree that I will instruct all minors I have registered that prior to participating they should inspect the facilities and equipment to be used, and if they believe anything is unsafe, they should immediately advise their coaches or supervisors of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that registered minors will be engaging in activities that involve risk of injury which might result not only from their own actions, inactions, or negligence, but the action, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury;
4. Release, waive, discharge and covenant not to sue OMPH Parish and/or OMPH Athletic Association and the respective officers, agents, coaches, servants, and other employees/volunteers of the organizations, and, if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any all claims, demands, losses, or damages on account of injury, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
5. Parents will have to volunteer for three events or pay a buy-out fee of \$20 per event or \$50 for all three events.
6. Parents and other spectators are expected to show respect towards officials, athletes, coaches, fans of opposing teams as well as our own teams. Parents shall comply with the CYO Diocesan, League & OMPH By-Laws and the OMPH Student-Athlete Participation Form.

I / WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent or Guardian Signature:	Printed Name:	Date:
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ADMINISTRATIVE USE ONLY

Registration Fee Received	Check #	Date Received
\$		
\$		
Child Name	Team	Jersey #
Child Name	Team	Jersey #
Child Name	Team	Jersey #