



SUMMERVILLE CATHOLIC SCHOOL BASKETBALL REGISTRATION FORM 2017-2018

The 2017-2018 basketball registration will run from **October 3 through October 17th..** The **cost is \$160** per player (includes Parochial league fees, rentals, Trident league fees, equipment and state tournament fees). **Please make checks payable to SCS-sports.** Any SCS student and children of the **FOUR** supporting can play in accordance with our policy. To register, fill out the form (one per child) **with a copy of their birth certificate** to the office at Summerville Catholic to the attention of Jean Fox (Athletic Director). Please read the school's athletic handbook and signed below that you and your child read it.

BASKETBALL DIVISION (✓)

Jr. Girls (5th&6th) Jr. Boys (5th&6th) Sr. Girls (7th & 8th) Sr. Boys (7th& 8th)

Player's Name: _____ Age: _____ DOB: _____

Address: _____

Grade: _____ Home Phone: _____ Cell Phone: _____

Parent(s)/Guardian(s) Name: _____ E-mail: _____

Emergency Contacts: _____

Parish attending _____ School _____ Active in CCD _____

SPONSORSHIP-if you are interested in sponsoring our basketball program please contact the Athletic Director, Jean Fox and she will let you know what will be required of you to do so. Please contact the school at 873-9310 ext. 109 or her cell phone at 343-1851.

Company _____ Contact Name _____ Phone _____

Medical-please list any concerns such as allergies, handicaps, etc that we should be made aware of:

PARENTS AUTHORIZATION

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Parent(s)/Guardian(s) Signature: _____

Parent(s)/Guardian(s) Name (printed): _____

I have read the handbook (available on the school's website): _____ (Parent)

I have read the handbook (available on the school's website): _____ (Athlete)

Notice: No Refunds after Trident league fees are paid. _____ Initials of Parents