

**2011-2012 IMMACULATE CONCEPTION SCHOOL BASKETBALL
REGISTRATION FORM**

Dear Parents of 1st and 2nd Grade Students,

We are very excited to offer the opportunity for our students to play basketball for the Immaculate Conception School! It is our mission to provide a rewarding experience for our students that will help build their self-esteem, build the spirit of community outside the classroom, and teach and reinforce the values of a Christian student-athlete.

Once again, we will be running separate sessions for the 1st-2nd grade students and the 3rd-4th grade students. This will enable us to 1) work with smaller groups, 2) increase the percentage of on-court time for our students, and 3) reduce the total number of students in the gym at one time.

The program will provide the same quality instruction as in years past and will continue to be focused on being instructional, nurturing, and fun! Perhaps just as importantly it will enable your child to develop and strengthen friendships outside of the classroom.

The program will be run on Saturday mornings from 8:30-9:30 AM in the IC gym and will run from November 5th through February. The fee for participation in the ICS 1st-2nd Grade Basketball Program is \$35. This fee includes a jersey and an award for each player. We do not want the cost to deter anyone from participating, so please contact Mrs. Reardon if you need any assistance with this fee.

Please submit your registration forms along with a \$35 check made payable to the Immaculate Conception School to Mrs. Reardon's office by Wednesday, November 2nd.

Please feel free to contact me at the4doyles@comcast.net or 978-457-2751 with any questions.

Sincerely,

Mike Doyle
Athletic Director
Immaculate Conception School

Student-Athlete Name: _____

(PLEASE PRINT)

Grade: _____ Date: _____

Parent Signature: _____

E-Mail Address: _____

Phone Number: _____

**IMMACULATE CONCEPTION SCHOOL
PARENTAL/STUDENT CONSENT
RELEASE FROM LIABILITY AND
INDEMNITY AGREEMENT**

I, the undersigned parent/guardian/legal representative of _____

(Student's name)

a minor do hereby consent to his/her participation in the Immaculate Conception School's Basketball program, and in consideration of his/her being permitted to so participate, I, on behalf of myself/my heirs, my agents and my representatives, and on behalf of _____,

(Student's name)

do forever RELEASE, acquit, discharge, and covenant to hold harmless, Immaculate Conception School, and its boards, commissions, committees, officers, employees, servants, agents and representatives from and against any claims, demands, causes of action, charges, lawsuits, loss of liability of any kind, in any way arising out of or resulting from directly or indirectly, all known or unknown personal injuries or property damage or death, which I may now have or hereafter have as the parent/guardian/legally representative of said minor, as well as any claims, demands, causes of action, charges, lawsuits, loss of services, compensation, costs, including without limitation attorney's fees, damages and/or liability of any kind, which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, in any way arising out of or resulting from, directly or indirectly, his/her participation in Immaculate Conception School's voluntary basketball team.

In addition, I, as parent/guardian/legal representative of said minor, agree to indemnify and hold harmless Immaculate Conception, and its boards, commissions, committees, officers, employees, servants, agents, and representatives, in the event that any claim, charge, action or lawsuit is brought against Immaculate Conception School and/or its personnel, which is in any way arising out of or resulting from, directly or indirectly, said minor's participation in Immaculate Conception School's basketball team. I further agree to indemnify, hold harmless, reimburse and make good Immaculate Conception School and its personnel, for any judgment, costs, including without limitation attorney's fees, expenses, charges, and damages of any kind which Immaculate Conception School and/or its personnel is required to pay as a result of any act or omission of said minor or any parent, guardian or legal representative of said minor with respect to his/her participation in Immaculate Conception School's basketball team.

I give my permission for my son/daughter to participate in the Basketball program at IMMACULATE CONCEPTION SCHOOL for the 2011-2012 season. I acknowledge that I have read the above paragraphs and have not relied upon any representations of Immaculate Conception School or its personnel, and am fully advised of the potential dangers of participating in the above described athletic team.

(Signature of Parent/Guardian/Legal Representative)

Date: _____

(Signature of Student)

Date: _____

IMMACULATE CONCEPTION
BASKETBALL

Physical/Immunization Form

Player's Name: _____ Date of Birth: _____

The above patient was examined on _____.
The patient's healthy history and immunization records were reviewed.

Height: _____ Weight: _____ Blood Pressure: _____

Vision: Left _____ Right _____ Color _____ Postural Screen _____

Allergies: _____

Chronic Medical Problems: _____

Medications/Treatments: _____

Dietary Restrictions: _____

I SEE NO REASON(S) TO RESTRICT FULL PARTICIPATION IN IMMACULATE CONCEPTION ACTIVITIES.

Physician's name (Printed): _____ Phone #: _____

Physician's Signature: _____ Date: _____

PARENTS: I CERTIFY THAT MY CHILD HAS NOT INCURRED ANY SIGNIFICANT HEALTH PROBLEM(S) SINCE THE DATE OF THE ABOVE PHYSICAL EXAM.

IN CASE OF EMERGENCY, I AUTHORIZE COACHES TO TRANSPORT MY CHILD TO THE CLOSEST MEDICAL FACILITY IN MY ABSENCE.

Parent's Signature: _____ Date: _____

PLEASE ATTACH YOUR CHILD'S IMMUNIZATION RECORD.