

**2010-2011 IMMACULATE CONCEPTION SCHOOL BASKETBALL  
REGISTRATION FORM**

Dear Parents of 3<sup>rd</sup> and 4<sup>th</sup> 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.

We are also excited to announce a change in format for the Saturday morning basketball program. This year we will be running separate sessions for the 1<sup>st</sup>-2<sup>nd</sup> grade students and the 3<sup>rd</sup>-4<sup>th</sup> grade students. This will enable us to 1) work with smaller groups 2) increase the percentage of on-court time and 3) provide additional opportunities for the 3<sup>rd</sup>-4<sup>th</sup> grade students. These opportunities will include some (very friendly) games with some of the local Catholic schools. Last year we experimented with this and the boys and girls had terrific experiences! However, please understand that, even though we are increasing the opportunities for our 3<sup>rd</sup>-4<sup>th</sup> grade students, this program 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 8:30-9:45 AM in the IC gym (with an occasional/optional away game) and will run from November through February. The fee for participation in the ICS 3<sup>rd</sup>-4<sup>th</sup> Grade Basketball Program is \$30. 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 \$30 check made payable to the Immaculate Conception School to Mrs. Reardon's office by Tuesday, October 26<sup>th</sup>.

Please feel free to contact me at [the4doyles@comcast.net](mailto: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 2010-2011 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.