

## 2011-2012 IMMACULATE CONCEPTION SCHOOL BASKETBALL REGISTRATION FORM

Dear Parents and 5<sup>th</sup> and 6<sup>th</sup> Grade Boys,

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.

Last year the 5<sup>th</sup>-6<sup>th</sup> grade boys were a credit to the school and an inspiration to all of us. Many of the players were newcomers, but they demonstrated terrific spirit and determination. This year we will build on that momentum, structuring the JV program, so that we provide our boys, once again, with quality instruction and leadership and as much playing time as possible. This will ensure that we develop our players and make the experience as enjoyable and rewarding as possible.

The ICS participates in two leagues (Newburyport Boys Basketball Association ó NBBA- and the North Shore Catholic Elementary School Basketball League ó NSCESBL), to insure that we provide all of our boys with meaningful playing time. The only determination we need to finalize for this group is whether we participate as one large team, or as separate 5<sup>th</sup> and 6<sup>th</sup> grade teams. If we get at least 8 players per grade then we will have separate 5<sup>th</sup> and 6<sup>th</sup> grade teams. If not then we will have one combined team for both grades. Last year we had a separate team for each grade, with the 6<sup>th</sup> graders playing in both the NBBA and NSCESBL leagues and the 5<sup>th</sup> graders playing in the NBBA league. Both teams participated in the season ending ICS March Madness tournament and I think all would agree that each boy received plenty of playing time and had a wonderful experience. Once we have the final registration numbers in then we will know if we have enough players for two separate teams. If we do not have enough players, then we will provide more details on the combined team and logistics of this team. In either case, I can assure you that each boy will receive the same terrific instruction and plenty of playing time.

In addition, we are also excited to announce that we will be resuming the ICS Sunday Night hoops program started two years ago by Coach Dieker! This program offers the 5<sup>th</sup>-8<sup>th</sup> grade boys and girls an opportunity to play basketball together and enjoy basketball in a well organized, yet informal and fun environment throughout the school year, even after the basketball season is over. The boys and girls alternate every other Sunday night from 6:30 ó 7:45 PM. There is no cost for this program.

Based on the information above, please select one of the following options:

\_\_\_\_\_ Please enroll me in the ICS 5<sup>th</sup>-6<sup>th</sup> Grade Boys Basketball Program. This selection also qualifies you for the Sunday Night Hoops program.

\_\_\_\_\_ ICS Sunday Night Hoops Only

\_\_\_\_\_ I do not wish to participate in the basketball program

The fee for participation in the ICS 5<sup>th</sup>-6<sup>th</sup> Grade Basketball Program is \$110. We do not want the cost to deter anyone from participating, so please contact Mrs. Reardon if you need any assistance with this fee. There is no fee for participation in the ICS Sunday Night Hoops program; however you still must submit the consent and medical forms on the following pages. Please note that you do not need to submit a medical form if you have already submitted one for the Cross-Country season.

I realize that some of this information might be confusing, so please feel free to contact me at [the4doyles@comcast.net](mailto:the4doyles@comcast.net) or 978-457-2751 with any questions.

Please submit your registration forms along with a \$110 check made payable to the Immaculate Conception School to Mrs. Reardon's office by Tuesday, October 18th.

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.