

## 2011-2012 IMMACULATE CONCEPTION SCHOOL BASKETBALL REGISTRATION FORM

Dear Parents and 7<sup>th</sup> and 8<sup>th</sup> Grade Female Student Athletes,

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 have only one Varsity Girls team at the ICS. However, we do provide options for our girls to insure they have the most meaningful experience possible. We will participate in the River Rivals League that plays teams from the Amesbury Youth Girls Basketball League (AYGBL), and the Triton Youth Basketball League (TYBBL). We will also participate in the North Shore Catholic Elementary School Basketball League (NSCESBL). The following summary highlights the differences between the two leagues:

- NSCESBL ó This is a very competitive league. The quality of competition, organization, and officiating are very good. Some of the teams in the league are quite skilled and competitive. This league will provide a challenge to our athletes. There will be a total of 16 regular season games. Half of these games are away and require travel to Beverly, Peabody, Danvers, and Lynn. Many of these games are on week nights. There is a very minimal playing time requirement in this league.
- RIVER RIVALS LEAGUE ó This is a much more recreational league. This league is also well run, but the quality of competition is not at the same level as the NSCESBL. There will be a total of 12 regular season games. All of these games will be played at either the IC gym or one of the Triton or Amesbury gyms. The games will be played on Saturday, with an occasional week night game. This league requires that every player plays an equal amount of time.

It is important to note that these are not two separate teams. We are still the Immaculate Conception School Varsity team. We will just participate in two leagues to insure that our girls get a chance to play meaningful basketball minutes. It is critical for the girls to play and not just sit on the bench. We will practice together as one team. This insures that all of our players will be familiar with each other during games. More importantly though, it will insure that we are working together as one unit, as one united ICS community.

Unfortunately, we can not dress all of the girls for each NSCESBL games. It is too difficult for a coach to manage a team of 15-16 girls during a game. We need to have a manageable size bench to give us any chance to compete. We plan to dress between 10-12 players for each NSCESBL game.

The dress list for the NSCESBL will be determined by the following criteria:

1. All 8<sup>th</sup> Graders that select the NSCESBL option will dress for all of the NSCESBL games, assuming they follow the team rules. This insures that those girls that stay with the program until the 8<sup>th</sup> grade will eventually get their opportunity to dress for all of the NSCESBL games.
2. The 7<sup>th</sup> graders that select the NSCESBL option will dress according to the following criteria:
  - a. A pre-season skill evaluation will be used to determine how often a player will dress.
  - b. Progress during the season will enable a player to impact the number of times they dress for the NSCESBL games.

Based on this criteria, a 7<sup>th</sup> grader will either dress for a) most/all b) some or c) few NSCESBL games.

However, it is CRITICAL for parents and players of both 7<sup>th</sup> and 8<sup>th</sup> graders to understand that the NSCESBL league is not an equal playing time league. In the past some have been disappointed with the amount of playing time and the number of times the student was selected to dress. If you feel that this option is not a good fit for your child then please select the Merrimack River Rival only option.

We will have a mandatory pre-season meeting for all parents that select the NSCESBL option to be sure everyone has a clear understanding.

We will dress no more than 10 players for each River Rivals game, with the dress list being comprised of 1) those that select River Rivals only and 2) those that did not dress for NSCESBL games that week with the rest of the slots being filled on a rotating basis by those that dressed for the NSCESBL games.

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:

\_\_\_\_\_ NSCESBL and RIVER RIVALS LEAGUE ó This selection also qualifies you for the Sunday Night Hoops program.

\_\_\_\_\_ RIVER RIVALS LEAGUE ONLY ó It is my preference to play only in the RRL games, however I agree to participate on the NSCESBL team on an as needed basis only. 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 NSCESBL and RRL basketball programs 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 consent form if you 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.

