

**2021-2022 IMMACULATE CONCEPTION SCHOOL  
BASKETBALL REGISTRATION FORM**

Dear 5th and 6th Grade Boy Parents and Guardians,

We are so excited to be able to offer the opportunity for our students to play basketball again, after a year and a half of Covid protocols. It is Immaculate Conception's mission to provide a safe, rewarding experience for our students that will help build their self-esteem, build the spirit of cooperation outside the classroom, as well as, teach and reinforce the values of a Christian student-athlete.

In our efforts to build the spirit of community outside the classroom, we have made a concerted effort to make the IC program as inclusive as possible. All players will have the opportunity to play and the number of players who register will determine if we play in one or two leagues.

Finally, we do plan to offer Sunday Night Hoops Program again this year! This program offers the 5th-8th grade boys and girls an opportunity to play basketball together, while enjoying basketball in a well-organized, yet informal and fun environment. We are currently planning for Sunday Night Hoops and will announce the start date as soon as details are finalized. *There is no cost for this program, however you still must submit the attached forms.*

Please indicate your preference below:

Please enroll my child in the IC Basketball Program

IC Sunday Night Hoops only

The fee for participation in the IC basketball program is \$200 (no cost if only participating in Sunday Night Hoops). We do not want the cost to deter anyone from participation so please contact Mrs. Sullivan if you need assistance with this fee.

Please submit the attached forms along with a \$200 check made payable to the **Immaculate Conception School** to Mrs. Sullivan's office by Monday, October 18<sup>th</sup>. Please also note that each student must submit a current physical exam to the school to be eligible to participate, if you have not already done so. **MASKS ARE REQUIRED FOR ALL PLAYERS AND COACHES!**

Please feel free to contact me at [athletics@icsnewburyport.com](mailto:athletics@icsnewburyport.com) with any questions.

Sincerely,

*Kirsten Dumaresq*

Kirsten Dumaresq

Athletic Director

Immaculate Conception School



## STUDENT-ATHLETE REGISTRATION INFORMATION

Student-Athlete Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name \_\_\_\_\_  
(Please Print)

Parent Signature \_\_\_\_\_

E-Mail Address \_\_\_\_\_

If you would like an additional parent to receive email updates please include that information below:

Parent Name \_\_\_\_\_  
(Please Print)

Parent Signature \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**\*\*\* To be eligible to practice each student must have the following submitted:**

- \_\_\_ Registration form
- \_\_\_ Parent/Student Consent Release from Liability and Indemnity Agreement
- \_\_\_ Emergency medical consent form
- \_\_\_ Current physical exam
- \_\_\_ Check for \$200.00 payable to: **Immaculate Conception School**



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

I, the undersigned parent/guardian/legal representative of \_\_\_\_\_,  
(Student name)

a minor, do hereby consent to his/her participation in Immaculate Conception School athletic 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 athletic program.

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 athletic program. 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 athletic program.

I give my permission for my son/daughter to participate in the athletic program at IMMACULATE CONCEPTION SCHOOL for the 2021-2022 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 program.

\_\_\_\_\_  
(Signature of Parent/Guardian/Legal Representative)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Student)

Date: \_\_\_\_\_



Immaculate Conception School  
Medical Consent Form

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**EMERGENCY MEDICAL CONSENT FORM**

*Please print, fill out and return with Registration*

I, Parent(s)/Guardian(s) Name: \_\_\_\_\_ hereby give my  
(Please Print)

consent for Emergency Medical Care to be given for my child,

Child's Full Name: \_\_\_\_\_ while (he/she) is in  
the care of IC.

Child's Physician Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Does your child have any illness or special conditions, allergies, etc? Yes \_\_\_\_\_ or No \_\_\_\_\_

If, yes please indicate: \_\_\_\_\_

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In case of such an emergency, please provide (2) contacts:

Emergency Contacts:

#1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Parent(s)/Guardian(s) Address: \_\_\_\_\_