

St Helen Parish Co-ed Basketball Rec Sign Up

DEADLINE – **October 4, 2018- no sign ups will be accepted after this date**

Grade for 2018 – 2019 school year Pre-K(5+) K 1 2 3
Childs Name _____ (PRINT NEATLY PLEASE)

Parent/Guardian (Please Print) _____

Address _____ City _____ Zip _____

Birthday _____ School _____

Home # _____ W # _____ C # _____

E-Mail Address _____

Does your child have any existing medical conditions or Limitations? Yes ____ No ____

If so, Explain _____

Person to contact if parent/guardian cannot be reached

Name _____ H# _____ C# _____

Uniform Size

TOPS YS YM YL AS AM AL AXL

BOTTOMS YS YM YL AS AM AL AXL

SPORTSMANSHIP

The St Helen Booster Board promotes good sportsmanship in all of its programs. Participants and spectators are required to show respect of umpires, officials, coaches, opponents and teammates. Dangerous play will not be tolerated and players may be asked to leave a game. St Helen Booster Board reserves the right to remove any participant or spectator from our program if poor sportsmanship or dangerous play is exhibited

WE NEED COACHES (If you coach your child plays for free on the team you coach)
You must have completed Virtus training and background check on file. Please indicate below where you can help:

Head Coach _____ Assist Coach _____ T-Shirt Size _____

CONSENT AND RELEASE

I, the parent/guardian of the above named child, having read this entire form, give my permission for the above named child to participate in the youth Athletic program listed above. I do release and hold harmless the Bishop of Cleveland, The Roman Catholic Diocese of Cleveland, St. Helen Parish, School and Booster board and the pastoral staff, employees and volunteers thereof from all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse had, now has or may have due to the child's participation in the sport program, including all risks connected therewith, whether foreseen or unforeseen. I FURTHER RELEASE AND HOLD HARMLESS any person transporting my child to and from any activities sponsored by St. Helen Boosters. In case of injury to my child, I hereby authorize the St. Helen Booster Board, any coach or other representative of the team to have our child treated at the nearest hospital.

SIGNED _____ DATE _____

Soccer fee \$40, 2 at \$75 or 3 at \$90 payable to St Helen Boosters.

Online payments can be made at www.sthelen.com, click on the boosters tab- online giving.

Please return completed form & payment to the school/parish office, drop off box at parish info desk in church marked "Boosters"