

2018/19 Good Shepherd **BASKETBALL** Registration Form

Parent/Guardian Name(s): _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Email address (Please list one viewed most often.): _____

Emergency contact: _____ Phone #: _____

Physician: _____ Phone #: _____

Insurance Co: _____ Member ID #: _____

Name of hospital, if feasible: _____

****Please circle your preference of contact to be used to notify you of practices, games, and changes to schedule.**

Player one: _____ Birth date: _____ Grade: _____

Player two: _____ Birth date: _____ Grade: _____

Player three: _____ Birth date: _____ Grade: _____

Player four: _____ Birth date: _____ Grade: _____

My child(ren) attends: Good Shepherd School _____ Good Shepherd PSR _____ Non-Parishioner _____

I UNDERSTAND THAT PARTICIPATION OF MY CHILD(REN) IN THE GOOD SHEPHERD SPORTS PROGRAM REQUIRES THAT I WORK **TWO - FOUR** HOURS PER FAMILY.

****And that in order to do so I must be compliant with the Archdiocesan Safe Environment Program****

Please check all choices below:

- _____ Coach
- _____ Concessions (before, during or after home games)
- _____ Assistant Coach

FEES:

Registration fee: \$30 per child

1st time player fee: \$45 per child in addition to \$30 registration fee (Only for those who have never played basketball for Good Shepherd.)

The following deposit checks will be collected at the time of uniform distribution and returned/shredded upon return of uniform jersey at the end of season and completion of working 2-4hrs per Family.

Checks will be cashed upon failure to complete these obligations.

Uniform deposit fee: \$50 per child

Concession/Worker deposit fee: \$50 per family (Coaches and assistant coaches do not have to participate.)

UNIFORM SIZE:

Jersey:(circle one) **YOUTH:** S M L **ADULT:** S M L XL

Shorts:(circle one) **YOUTH:** S M L **ADULT:** S M L XL

I hereby permit my child(ren) listed above to participate in Good Shepherd sports during the 2018/19 season. In case of a medical emergency, I authorize the volunteer coaches to order medical treatment and/or x-rays of an injury or illness of my child(ren) if qualified medical personnel consider treatment necessary. I understand that every attempt will be made to contact me by phone and that all related medical costs are my responsibility.

Parent/Guardian Signature: _____ Date: _____

SUBMIT FORMS ONLINE TO athletics@mygoodshepherd.com, TURN INTO CHURCH RECTORY, OR SCHOOL SECRETARY BY MAY 31ST ATTENTION JENNY PATTERSON