

check no. _____

STM PARISH BASKETBALL INTRAMURAL LEAGUE REGISTRATION

The STM Basketball program will conduct a seven-week intramural league for boys and girls in Grades 1 and 2 and will feature instruction in the basic rules and skills of the game.

Child's Name _____ Grade: 1 2 Gender: M F
Address _____ Birth date _____
City _____ Zip _____ Home # () _____
Parent Name(s) _____ Work # () _____
E-mail Address _____
School _____ Parish _____
Insurance Company _____ Policy Number _____
Emergency Contact (other than parents) _____ Phone Number _____
T-Shirt: (*Circle*) Youth Small Youth Medium Youth Large Adult Small

Note: These warm up t-shirts are provided as a part of the registration fee. Players may wish to wear them to the clinics. When choosing a size, remember that they DO shrink when washed. They are 100% cotton Beefy-Ts.

Registration Fee (NON REFUNDABLE): \$ 25

***Tiger Basketball Socks (\$4 per pair, 3 pair for \$11):** _____

***Wristband (\$2 each):** _____

TOTAL: \$ _____

****optional purchases***

Your child is not registered unless check payable to St. Thomas More is attached and the waiver is signed and dated. Registrations will be accepted through kid mail until spaces fill.

WAIVER

I hereby give approval for my child's participation in STM Parish Basketball. I state that my child is in proper physical condition to participate in these activities.

I hereby pledge to provide positive support, care and encouragement for my child participating in STM Basketball. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and other persons participating in STM Parish Basketball. I will also see that my child treats other players, coaches, and other participants with respect at all times.

I understand that participation may be limited to the boys and girls that register first.

I am giving my permission to use photographs of my child at practice or in games in promotional materials for STM School and Parish.

The STM Parish Basketball program and its representatives have permission to have my child treated by a medical professional in my absence should they deem that necessary. I understand that in an emergency my child will be taken to Egleston.

I assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify and agree to hold harmless St. Thomas More and the directors, supervisors, coaches and other participants in Parish Basketball, for any claim arising from injury or illness which may directly or indirectly result from my child's participation in STM Parish Basketball activities.

ad, agreed, and attested to by _____
Parent's (Guardian's) signature *Date*