

CKRS / HOLY EUCHARIST 1st -3rd GRADE SATURDAY BASKETBALL 2017 - 2018

REGISTRATION INFORMATION – DUE DECEMBER 10TH

Name: _____ Grade: _____

Boys: ____ Girls: ____ School Currently Attending: _____

Home Address: _____

Phone: _____ Parents' e-mail _____

Parent willing to coach? ____ If yes, parent's name _____

Player shirt size (YM, YL, AS, AM, AL) _____

PARISH REGISTRATION* HE/CKRS ____ Other _____

*To be eligible, children must be attending CKRS or a CCD program - Parish records will be used to verify parish membership and CCD enrollment.

Fees: _____ \$50 per child

PLEASE MAKE CHECKS PAYABLE TO: CKRS ATHLETICS - Late registrations will be accepted only if spots are open.

INFORMED CONSENT AND WAIVER

My child and I are aware that participation in basketball at Holy Eucharist is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic and other risk conditions. I understand this informed consent form and hereby waive, release, and forever discharge any and all claims against Holy Eucharist and Christ the King Parishes, Christ the King Regional School, their pastors and priests, employees, volunteers or agents, as well as the Diocese of Camden and the Bishop of the Diocese of Camden, for damages and/ or injuries to my child which may arise from participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same, I do hereby covenant, promise and agree to indemnify and hold harmless the Parishes, School and the Diocese of Camden and all of the administrators, employees, volunteers and agents of both from and against any claim or claims brought by and /or upon behalf of my child or by and/ or upon behalf of any other person arising out of and /or in any way connected with participation in this sport. I hereby give my permission for my child to participate in basketball at Holy Eucharist during the 2017-2018 season.

Parent/ Guardian Signature _____ Date _____

EMERGENCY CONTACT

Name: _____ Phone # _____

Name: _____ Phone # _____

REGISTRATION SUBMISSION

Please send completed registration with check (payable to CKRS Athletics) to school (Attn: Athletic Dept. – Sat BBall Registration) with your child or for non-CKRS students mail form to:

Christ the King Regional School (Attn: Athletic Department – Saturday Basketball Registration)

164 Hopkins Ave. Haddonfield, NJ 08033