

**CKRS/HOLY SAVIOR 1ST-3RD GRADE SATURDAY BASKETBALL 2018-2019**  
**REGISTRATION - SIGN UP DAY SATURDAY DECEMBER 15TH**

Name:\_\_\_\_\_ Grade:\_\_\_\_\_

Boys:\_\_\_ Girls:\_\_\_ School Currently Attending:\_\_\_\_\_

Home Address:\_\_\_\_\_

Phone:\_\_\_\_\_ Parents' email:\_\_\_\_\_

Parent willing to coach?\_\_\_ If yes, parent's name\_\_\_\_\_

Player shirt size (YM, YL, AS, AM, AL)\_\_\_\_\_

PARISH REGISTRATION\* Holy Savior/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**

**INFORMED CONSENT AND WAIVER**

My child and I are aware that participation in basketball at Holy Savior 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 Savior 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 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 the participation in this sport. I hereby give my permission for my child to participate in basketball at Holy Savior during the 2018-2019 season.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT**

Name:\_\_\_\_\_ Phone # \_\_\_\_\_

Name:\_\_\_\_\_ Phone # \_\_\_\_\_

**REGISTRATION - PLEASE DO NOT SEND INTO SCHOOL**

Registration session will be: Sat. Dec 15th at Holy Savior (1st grade - 9am, 2nd grade - 10am, 3rd grade - 11am). If you cannot make the registration session, you can register at the next session on Jan. 5th.