



HOLY ROSARY CYO BASKETBALL - 4th-8th Grade

Registration Deadline is 10/11/2017

Registration is now OPEN for grades 4-8 using the following website: <https://reg.sportspilot.com/106443>

Important Dates:

Registration Deadline: October 11th

Practices start the week of October 23rd

First Game: November 18-19

Regular season consists of 8 games and playoffs

****ONLINE REGISTRATION IS PREFERRED, BUT PAPER COPIES WILL ALSO BE ACCEPTED (see back of this page)****

If you have any questions or would like to volunteer as a coach feel free to call or e-mail Regan Hupf at 206-229-7384 cyodirector@holyrosaryedmonds.org

For updates on our CYO program, please refer to our school/parish websites or the CYO section in the church bulletin

HOLY ROSARY CYO REGISTRATION: Basketball 2017

(Grades 4 – 8)

Register Online or return form and fee to Holy Rosary Parish, School Office, or by mail P.O. Box 206, Edmonds, WA 98020 Athletic Fee per player: \$85.00 (checks payable to Holy Rosary)

Player Name: _____ Gender (M/F) ____ Birth Date: _____ Catholic? (Yes/No): _____

Parish: _____ School: _____ Grade: _____ Race: _____

Home Address: _____
(Street) (City) (Zip)

PARENT: _____ Home/Work/Cell#: _____

PARENT: _____ HomeWork/Cell#: _____

E-Mail(s): _____

Emergency Contact: _____ Contact #: _____

UNIFORM: Adult or Youth Size? ____ S, M, L or XL? ____

Health Conditions/Physical Restrictions: _____

Medications/Allergies: _____

Family Physician: _____ Contact #: _____

Medical Insurance Carrier: _____ Policy #: _____

Permission Liability Waiver: I give my child: _____ permission to play on the Holy Rosary Edmonds CYO team. I understand that I take full responsibility for my child's welfare and will not hold Holy Rosary Edmonds Parish or School, Catholic Youth Organization of the Archdiocese of Seattle, the current coaching staff, or the schools, practice fields and of gym at which my child will participate, responsible for accident or injury sustained by my child.

In case of emergency, I hereby authorize the Adult in charge to seek any emergency care, transportation and procedure deemed necessary by a physician, due to injuries sustained while participating in the Holy Rosary Edmonds Athletic Program.

Photograph/Video/Sound Release Waiver: I hereby ____GIVE PERMISSION ____DO NOT GIVE PERMISSION to Holy Rosary to use the photograph/video/sound of my child named above for their publicity, promotion, news releases, videos, and web use. This may also apply to the written composition or visual art of the minor if it is published. Holy Rosary agrees that the child's name, picture, art, written work, voice, photograph, video or verbal statements shall only be used for public relations, public information, publicity and/or instruction. The school further agrees that students will not be identified by personal details other than first name. These details include email or postal addresses, telephone or fax numbers. Pictures of one to three children are permitted as long as an appropriate release form has been signed by the parent/guardian of each individual shown in the picture. Pictures of four or more students are permitted without a release form and will be printed without first and last names. No monetary consideration shall be paid. Consent and release have been given without coercion or duress. The photo, video or student statements may be used in subsequent years. If the child or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice. Holy Rosary has no control of media use of pictures/statements which are taken without our permission.

Parent/Guardian: _____ Effective Date: _____
(Print) (Signature)

HOLY ROSARY ATHLETIC DIRECTORS

Regan Hupf (206) 229-7384

Sarah Lacy (206) 200-5095

cyodirector@holyrosaryedmonds.org

(Official use only) Jersey Number _____ Payment Received _____
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Scholarships are available upon request.