



REGISTRATION CHECKLIST

Please return all registration materials by January 15, 2017

BASKETBALL

- 1.. Parental Release Form _____
2. Registration Fee of \$40 per player _____
(Check made payable to St. Mary Magdalene)
3. Code of Conduct Form _____
(Coaches and Parents)
4. Copy of Player's Birth Certificates _____

GENERAL

1. T-Shirt Order Form with payment _____
 - Check made payable to St. Mary Magdalene

REGISTRATION DEADLINE: January 15, 2017

Tournament Eligibility

Age requirements:

Junior Division: Cannot be (12) years of age prior to August 1 of current school year.

Senior Division: Cannot be (14) years of age prior to August 1 of current school year.

No players ninth grade or above can participate, even if age requirements are met.

PARENT'S CODE OF ETHICS

I hereby pledge to provide support, care, and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.

- ❖ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game.
- ❖ I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- ❖ I will insist that my child play in a safe and healthy environment.
- ❖ I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- ❖ I will demand a sports environment for my child that is free of drugs and alcohol, and will refrain from their use at all youth events.
- ❖ I will remember that the game is for the youth - not the adults.
- ❖ I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- ❖ I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.

Parent's Signature

Date

ATHLETIC AND SPORTING EVENTS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
2016-2017

Participant's name: _____

Birth date: _____ Gender: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for my child, _____,
Parent or guardian's name Child's name

to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Mary's Catholic School. A brief description of the activity follows:

Type of event: *Diocese of Charleston Basketball Tournament*
Location(s): *St. Mary's Gym & Various gyms in Greenville, SC*
Individual in charge: *Parents*
Duration of activity: *February 24-February 26, 2017*
Mode of transportation to and from event: *Parents*

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's Catholic Church and School, its officers, directors and agents, and the Diocese of Charleston, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Charleston, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

PHOTOGRAPH/PRESS RELEASE: I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and websites.

I hereby authorize and give full consent to St. Mary's Catholic Church and School to publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the Basketball Season 2016-2017

I do not consent to the photographs, videos, written extractions, and voice recordings release.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Charleston coaches, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

You should be aware of these special medical conditions of my child:

Attached is a current Physician Medical Release/Sports Physical

TEE SHIRT ORDER FORM



**COST: \$20 per t-shirt (short sleeve)
\$25 per t-shirt (long sleeve)**

FREE ADMISSION to all games for those wearing a tournament T-shirt!

Player's Name: _____

Parents' Name: _____

Telephone: _____

SIZE	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-L	Adult XX-L
QUANTITY								
	/	/	/	Adult LS Small	Adult LS Medium	Adult LS Large	Adult LS X-L	Adult LS XX-L
QUANTITY	/	/	/					

OF SHIRTS _____ x 20 = TOTAL \$ _____

OF LS SHIRTS _____ x \$25 = TOTAL \$ _____

TOTAL ENCLOSED _____ \$ _____

Please make checks payable to St. Mary Magdalene.

Order and payment due January 15, 2017.

Tournament Admission

Family Pass for Weekend
\$25.00

Individual Pass for Weekend
\$10.00

Senior/Student Pass for Weekend
\$8.00

1 Day Pass
\$5.00

Free Admission for all **having** an official
tournament t-shirt