

Holy Name of Jesus Harrisburg CO Grade School Basketball League

Registration Fee \$100.00 to HNJ. Can be paid in 2 payments: \$50 now and \$50 by Dec. 1, 2008.

Can be mailed to: Jan Travers, 2177 Carol Drive, Harrisburg PA 17110.

Paid by Check No. _____ Paid by Cash _____

PARENTAL CONSENT FORM

Child's Name _____ Grade _____ Age _____ Date of Birth _____

Home Address _____ Zip Code _____ Phone Number _____

Mother's Name _____ Father's Name _____

Parent's Cell Phone Number: _____ Work Number: _____

For emergency use only.

E-mail Addresses (will be used only by coach to inform players/parents of team related announcements)

Parent's

Email Address: _____

Parish Church _____ School Attending _____

If you child does not attend HNJ School, does he/she attend the Parish CCD classes regularly?

___ Yes ___ No

3RD, 4TH AND 5TH GRADE PLAYERS ONLY

T-shirt Size _____ ___ Adult ___ Youth

(small, medium, large, xlarge)

Medical Information

Family Physician _____ Address _____

Phone Number _____ Insurance company _____ Policy Number _____

Any physical/medical limitations? _____

Emergency Contact _____ Phone Number _____

My child has permission to participate in the Harrisburg CYO Grade School Basketball League or the HNJ Intramural League. I agree not to hold the Parish, coaches, or the league responsible for any injury or illness incurred during practice, games or traveling to games. I understand that this form legally releases all obligations and responsibilities for the medical treatment of this player in the event of illness or injury during team related activities when either parent cannot be reached.

Parent's Signature _____ Date _____