

**St Bernadette Intramural Basketball
2020 Player Application**

Player's Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell** _____

DOB _____ **Age** _____ **Grade** _____

School _____

Any physical limitations, or special accommodations required

_____ **If yes, please explain** _____

Would be interested in _____ **COACHING** _____ **ASST COACH**

I hereby give my son/daughter permission to participate in the Intramural Basketball program sponsored by St. Bernadette Church. Should emergency medical treatment be necessary and I am unable to be contacted immediately. I authorize the delegated agents of St. Bernadette's Church, or an adult from the above named parish to act on my behalf and approve appropriate medical treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my son or daughter en route, during and returning from athletic events. I agree to indemnify and save harmless the church of St Bernadette, it's staff and all adult supervisors working on it's behalf. I understand the Church insurance is a secondary policy.

Parent/Guardian Signature _____

Mom's Name _____ **Dad's Name** _____

Cell _____ **Work** _____

Email Address _____

Emergency Contact _____ **Phone #** _____

Registration fee: \$75.00 first child \$100.00 Max family/2 or more

Make checks payable to St Bernadette's Intramurals

AMOUNT PAID _____ **CHECK #** _____ **CASH** _____

I would like my child to play with _____