

**St Bernadette Intramural Basketball  
2023 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:** \$80.00 first child    \$125.00 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** \_\_\_\_\_