

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

<u>REGISTRATION DEADLINE</u>: January 15, 2017

Tournament Eligibility

Age requirements: <u>Junior Division</u>: Cannot be (12) years of age prior to August 1 of current school year. <u>Senior Division</u>: 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 na	me:	
Birth date:	Gender:	
Parent/Guardia	n's name:	
Home address:		
Home phone: _	Business phone:	
to participate in site. This activit	, grant permission for my child,	from the parish
	nt: Diocese of Charleston Basketball Tournament St. Mary's Gym & Various gyms in Greenville, SC	

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:

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_____ 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.)

my child to a hospital for emergency medical further treatment by the hospital or doctor. In	It of an emergency, I hereby give permission to transport or surgical treatment. I wish to be advised prior to any 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:
agents, and the Diocese of Charleston coache	
necessary, and such medications will be well-	t present. My child will bring all such medications -labeled. Names of medications and concise directions for including dosage and frequency of dosage, are as follows: Date:
No medication of any type, whether prescription unless the situation is life-threatening and em Signature:	
	n medication (such as non-aspirin products, i.e. es, cough syrup) to be given to my child, if deemed
Signature:	Date:
Specific Medical Information : The parish w information will be held in confidence. Allergic reactions (medications, foods, plants)	ill take reasonable care to see that the following , insects, etc.):
Immunizations: Date of last tetanus/diphtheria	a immunization:
Does child have a medically prescribed diet?	
Any physical limitations?	
Has child recently been exposed to contagiour chickenpox, etc.? If so, date and disease or c	us disease or conditions, such as mumps, measles, condition:
You should be aware of these special medica	al conditions of my child:

TEE SHIRT ORDER FORM



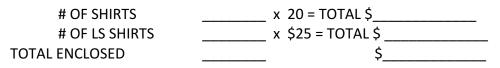
COST: \$20 per t-shirt (short sleeve) \$25 per t-shirt (long sleeve)

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								



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