

# Our Lady of Hope Athletic Association 2016/2017 Basketball Registration

Member ID \_\_\_\_\_ Child's Last Nm:  First Name:  MI:   
 Birthdate:  School:  Parish:  Gender:   
 Player Status: \_\_\_\_\_ Basketball Coach \_\_\_\_\_ Uniform # \_\_\_\_\_ Grade:

### Parent/Guardian's Information:

Mother's Name:  Father's Name:   
 Home Address:  City:  State:   
 Home Tel #:  E-Mail:  Zip:

### Emergency Information:

*List any physical conditions or allergies that we and your child's coach should be aware of.*

\*\* Medical Conditions:

*Please provide emergency contact information in the event the parent / guardian cannot be reached.*

#	Emergency Contact	Relationship to Child	Telephone #
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*\*\*\*This Section For Uniform Orders Only\*\*\*\***

	Youth Small	Youth Med.	Youth Large	Adult Small	Adult Med.	Adult Large	Adult X-LG	Adult XX-LG
Shirt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shorts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\*FINAL SALE:**  
 No Refunds Will be Given on Uniform Orders! \_\_\_\_\_

**\*\*\*This Section For Office Use Only\*\*\***

Basketball Registration \_\_\_\_\_ Price \$ \_\_\_\_\_

Uniform Order \_\_\_\_\_ Price \$ \_\_\_\_\_

Other \_\_\_\_\_ Price \$ \_\_\_\_\_

3rd Child  \*\* Total Fees: \$ \_\_\_\_\_

Amount Paid: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_ Init. \_\_\_\_\_

### Parental Consent

I hereby consent to have my child participate in the Our Lady of Hope Athletic Association's 2016/2017 Basketball program. I have read, understand and agree to abide by all rules and regulations of the Association. I also agree to provide a doctor's note attesting to my child's fitness to participate. If I fail to provide this note, I give my child permission to participate and release the Association from any liability whatsoever in this regard. I also agree and abide by the rules and guidelines of the CYO Parents Code of Conduct. I have received a copy of this COC upon registering my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_