



Certification:

I hereby certify that _____ is in adequate health, is not suffering from any known physical ailments and/or conditions that could subject him or her to an increased risk of injury and is physically fit to participate in any and all OLMC "Functions" including but not limited to games, practices, tryouts, competitions, tournaments, clinics, leagues and scrimmages.

Release:

I hereby recognize that all Our Lady of Mount Carmel "Functions", including but not limited to the items listed in the above Certification, are athletic activities that inherently involve the risk of physical injury and harm. In this regard, I recognize that I and/or my child are participating in such activities exclusively at our own risk and that the OLMC, including all of its staff members, directors, coaches, associated personnel, affiliated organizations, members, volunteers and representatives (hereinafter collectively referred to as Our Lady of Mount Carmel), cannot be held responsible for any physical injuries resulting from my and/or my child's participation in such inherently dangerous athletic activities.

I hereby release, discharge and indemnify Our Lady of Mount Carmel, along with the owners of any facilities and/or premises being utilized and/or rented by OLMC, for any and all physical injuries, damages, property damages and causes of action that I and/or my child may experience as a result of our participation in athletic activities and/or through our use and enjoyment of said facilities. I hereby authorize OLMC to act on my behalf and in a reasonable manner in the event that my child experiences any emergency requiring immediate medical attention without me being present. I further acknowledge that, regardless of my child's physical injury and/or resulting inability to participate, any and all fees related to my child's participation in the athletic activities and/or functions described above are non-refundable.

I have read the above release and agree to abide by it:

Guardian's Signature: _____

Date: _____

Players cannot participate in any OLMC athletic function without this signed form. Every sport needs an individual signed form.

Make Checks Payable to:

OLMC - AA
1 Cedar Avenue
Berlin, NJ 08009

"Registration Form"

Clinic _____ League _____

Basketball _____ Boy / Girl (circle one)

Volleyball _____ Track and Field _____

Name: _____

Address: _____

City/Twp.: _____

State/Zip: _____

Phone Number: _____

Date of Birth: _____

Height: _____ Weight: _____

Jersey Size: _____ Short Size: _____

Grade: _____

School You Attend: _____

Where have you played organized sports before?

Do you have any physical ailments or medical problems that we should know about? (If yes, explain)

All players in the 6th, 7th, & 8th grade are required to provide OLMC with a doctor's permission form (physical form) to participate in any OLMC sport program.

Received: Y _____ N _____

Family insurance carrier: _____

Emergency Contact: _____

Relationship to player: _____

Home Phone: _____

Work Phone: _____

To Be Completed By OLMC Staff Only:

Method of Payment:

Check _____ Cash _____ MO _____

Basketball - \$125 _____ Volleyball - \$95 _____

Track and Field - \$95 _____ League or Clinic _____