

O.L.M.C. ATHLETIC ASSOCIATION
2016-17 REGISTRATION FORM
Clinic Basketball

Please type or print clearly:
(PLEASE INCLUDE AN EMAIL ADDRESS OR WRITE "NONE" IF APPLICABLE)

Name of Child: _____

Current Grade: _____ Date of Birth: ____/____/____

Address: _____

Home Telephone #: (____) _____

Cell Phone or Pager #: (____) _____

E-Mail Address: _____

Parent/Guardian Signature: _____

Registration Fees are **\$50.00** per child

Amount enclosed: _____

Cash

Check # _____

Please make check payable to: **OLMC-AA**

- Prior to the start of the season, all athletes and parents will be given a **"CODE OF CONDUCT"** form to review, agree to and return to the OLMC-AA. No athlete will be permitted to participate in a sport without doing so. Any violation of this **"CODE OF CONDUCT"** may result in suspension or expulsion of the athlete and/or parent from future sports activities.
- Please sure that you signed and returned the **"Informed Consent and Waiver Form"** to your child's coach.