OLMC Athletic Association Certification & Registration

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 Mt. 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 Mt. 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 Mt. Carmel, along with the owners of any facilities and/or premises being utilized and/or rented by OLMC, from 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.
Parent / Guardian Signature: _________________________________ Date: ______________

Players cannot participate in any OLMC athletic function without this signed form. Every sport needs a separate signed form.
Registration

Activity:
Volleyball _____ Basketball _____ Boy / Girl (circle one) _____ Track & Field _____
Clinic _____ League _____

Student’s Name: _______________________________ Grade: ________________

School You Attend: _______________________________________________________

Address: __________________________________________________________________

City: __________________________ Zip: __________________

Phone Number: __________________________

Date of Birth: __________________________

Height: _______________ Weight: _______________

Jersey Size: ___________ Short Size: _______________

Where have you played organized sports before?

_________________________________________________________________________

_________________________________________________________________________

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

_________________________________________________________________________

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 __________

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

Received: Y _____ N _____