



## **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?

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

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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 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> grades are required to provide OLMC with a doctor's permission form (physical form) to participate in any OLMC sport program.

Received: Y \_\_\_\_\_ N \_\_\_\_\_