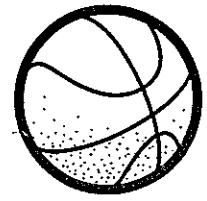




# BASKETBALL REGISTRATION 2016-2017



## CHECK LIST

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The items listed below must be completed and attached to this checklist in order for registration to be complete.

Please do not hand in anything until the entire checklist is complete and all forms and payments are attached. If you are waiting for your son/daughter to have a physical, please hand in the packet in when it has been completed. This will ensure that we have all the necessary documents and will allow for your son/daughter to start practices and begin the season on time.

Please indicate the date of your child's last physical: \_\_\_\_\_

If your child has an appointment with a doctor, please indicate date: \_\_\_\_\_

Current physical on file with the school nurse\*

We will be checking with the school nurse – anyone with an outdated physical will NOT be permitted to practice or play in any games until such is received.

Deadline for registration will be **FRIDAY, September 23<sup>rd</sup>** (uniform turnaround time can be as much as 6 – 8 weeks, so it is necessary to get registration done and uniform orders in)

- Sports Registration Form
- Sports Parent/Guardian/Student Conduct Form (2 pages)
- Parent Commitment & Responsibilities Form (2 Pages)
- Participants Medical Information & Consent for Transportation Form
- OCPSL's Medical Authorization and Release Form
- Sports Physical Form (Physical's are good for one year) - \*see above
- Registration & Uniform Payment
- \$150.00 Check for Work Bond (Will be returned once volunteer obligation has been fulfilled)

Thank you for your cooperation!! If you have any questions, please contact:  
[OLMCAthleticDepartment@gmail.com](mailto:OLMCAthleticDepartment@gmail.com)

### GO PANTHERS!!!!!!



OLMC Basketball Registration  
2016 – 2017 Season

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian names (please print):  
\_\_\_\_\_

Team (circle one): Pep(2-4) JV Girls(5-6) JV Boys(5-6) Varsity Girls(7-8)\* Varsity Boys(7-8)\*

\*Warm-up Shirt Size (Varsity players only): AS AM AL AXL

Uniform Sizes: (JV and Varsity Only)

Jersey:	YM	YL	YXL	AS	AM	AL	AXL
Shorts:	YM	YL	YXL	AS	AM	AL	AXL

Current Jersey Number (#): \_\_\_\_\_

New Jersey # Choice: \_\_\_\_\_ Second #Choice: \_\_\_\_\_

FEES/UNIFORM COSTS:

- \$125 for Pep, JV, and Varsity Basketball - Registration fee Only
- \$205 for JV and Varsity – Registration fee and uniform
- \$75 for Cheer - Registration fee only \*\*Uniform and shoe fee to be determined after registration\*\*

**Parental Permission and Media Consent**

I give my permission for \_\_\_\_\_ to participate in Basketball/ Cheer. I understand that no amount of proper instruction or supervision will totally eliminate all risk of injury. I also understand that participation in this athletic activity is voluntary.

I also hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video of my child, \_\_\_\_\_, (print child's name)

I also grant to Our Lady of Mt. Carmel School and the OLMC Athletic Committee the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet and all other forms of media. I also hereby release Our Lady of Mt. Carmel School, Parish and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Parent/Guardian Signature

Payments must accompany the registration forms and handed in by **FRIDAY, September 23**. (Check made payable to OLMC Athletics)

Send forms back into the school office -**OLMC Athletics**

**OUR LADY OF MT. CARMEL SCHOOL - Athletics**  
**Medical Information & Consent for Transportation Form 2015-2016**

Child's Name:

\_\_\_\_\_

Date of last physical:

\_\_\_\_\_

My child has allergies to:

\_\_\_\_\_

My child will need to take the following medications under adult supervision:

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ TIME: \_\_\_\_\_

I, hereby, give permission for my child to receive emergency medical treatment if necessary.

\_\_\_\_\_  
Parent/ Guardian (Print Name)

\_\_\_\_\_  
Parent/Guardian (SIGNATURE)

**INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_

Policy# \_\_\_\_\_

Insurance Group ID#: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

**NOTE:** In the event of a life threatening injury, an ambulance will transport to the nearest hospital.

Phone numbers where you can be reached when your child is at practice or at a game:

\_\_\_\_\_

**EMERGENCY CONTACT:**

Phone numbers where this person can be reached:

\_\_\_\_\_

**Special notes/additional information you think we should know about your child:**

\_\_\_\_\_

I/We authorize Our Lady of Mount Carmel to act as temporary guardian to obtain medical or surgical care necessary for \_\_\_\_\_, who is my son/daughter, in the event that I/we cannot be contacted.

X \_\_\_\_\_ / / \_\_\_\_\_  
Parent/Guardian Signature Date

**IMPORTANT:** For children to participate in sports, a child must have a current Sports Physical on record at the school. Parent's signature above and clearance from the Health Office. **NO EXCEPTIONS!**



Our Lady of Mt. Carmel Athletics  
Sports Code of Conduct for STUDENTS  
2016 – 2017

The purpose of the following Student Athlete Code of Conduct is to help define appropriate actions and behaviors that support the mission of the athletic program, all participating student athletes should read, understand, and sign this form prior to participation. Any student athlete who does not follow the guidelines below may be suspended or expelled from the athletic program.

**As a Student Athlete, I therefore agree to the following:**

- I will play the game for the game's sake
- I will be generous in winning and graceful in losing.
- I will display good sportsmanship and respect towards all opponents.
- I will work for the good of the team.
- I will accept the decisions of the officials gracefully.
- I will conduct myself at all times with honor and dignity. This includes during and after-school games, practices, and trips to other schools and facilities.
- I will recognize, applaud, and encourage the efforts of your teammates and opponents.
- I will show respect for your coaches.
- I will show respect towards fans and personnel from other schools.

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Athlete's Name (please print): \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## **OLMC Basketball/Cheerleading**

### **Parent Commitment**

All parents will be scheduled to work at the Home Games, either in the Kitchen selling food and refreshments, at the front door for admissions, selling 50/50 tickets, supervising practices, or on the stage supervising the crowd. Each parent may be scheduled for 3 or more games during the season. Additional volunteer jobs will be explained after practices begin.

Your participation is a necessary part of the Athletic Program and we need your help in order to provide such a wonderful program for our children.

A \$150.00 (\$50.00 per game) work bond is required to register your child for a sport. Your team mom or dad will be in contact with you to let you know what games you are scheduled to work. When your volunteering obligation at these games has been fulfilled, the check will be returned.

#### **Our Lady of Mount Carmel Athletic Program** **Parent Responsibilities**

A Player's values and behaviors can be greatly influenced by his or her parent's attitude at games toward the players, the opposing team, the officials and the coaches. Young Players have more need for encouragement than criticism and every attempt should be made to assure that his or her participation in a sport is a positive experience.

Overly anxious or protective parents sometimes become so focused on the immediate success of their child, rather than on long-term development, that they criticize the officials and opponents and act in a disrespectful manner. Such inappropriate behavior devalues this sport and creates unnecessary stress for the player.

#### **Parents should follow the following guidelines:**

1. Be Kind to your Child's coach and to officials. The coach is a volunteer giving of personal time to provide a recreational activity for your child. The coach is providing a valuable school service, without reward other than the personal satisfaction of having served the school, community and being a part of your child's life;
2. Be courteous and respectful particularly to those opponents from other teams. The opponents are necessary friends. Without them, your child could not participate;
3. Applaud good plays by your team and by members of the opposing team;
4. Do not openly question the referee's judgment and never their honesty. They are a symbol of fair play, integrity and sportsmanship. Remember, no referee can call a perfect game anymore than anyone can coach or play a perfect game;
5. Accept the results of each game. Encourage the children to be gracious in victory, and turn defeat into victory by working towards improvement;
6. Teach your Children responsibility. When you registered your child to play basketball, you made a commitment for both you and your child to both the coach and the team. There should be no tardiness or absence from practice and or a game unless

illness arises or you have notified the coach. You are punishing the team and coach and are not teaching your child responsibility if you allow them to continuously miss practices and games;

7. It is the parent's responsibility to monitor his or her child's basketball experience. Parents who feel their child is not being treated fairly or in a positive manner by a coach should first make an effort to discuss the problem with the coach as soon as possible. This should be done by telephone or perhaps after a practice but never before, during or after a game. If the problem is not resolved after discussion with the coach, then the parent may contact the athletic director for further assistance.

I understand that after three (3) written notifications for conduct issues involving my child, he/she can be removed from the team. After the second (2<sup>nd</sup>) oral warning, I understand that my child will miss practice and receive a one game suspension.

It is our hope that with all of us working together with a common goal, we can provide a healthy and positive experience for your child.

Sincerely,

Rob Lawrence, Athletic Director  
OLMC Athletics Committee

detach and return with registration

\*\*\*\*\*

**PARENT COMMITMENT FORM**

I have received/read the OLMC Athletic Program Parent Commitment & Responsibilities Form and I understand my responsibility to the Program.

Parents Name (Print): \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Treatment Authorization and Liability Release**  
**for Our Lady of Mt. Carmel Students**

I, the undersigned parent or guardian of \_\_\_\_\_, hereby grants permission for my son/daughter to participate in the sport of basketball and/or cheerleading for the Orange County Parochial School League 2016-2017 season, and at the Tournament and/or Cheerleading Competition to be held at Mt. St. Mary College at the Kaplan Center in March 2017.

In order that my son/daughter may receive the necessary medical treatment in the event that he or she may sustain an injury or illness during participation in any such activity, I hereby authorize my child's cheerleading and/or basketball coach or other supervising adult to obtain medical treatment for my child regarding any such injury or illness. I hereby hold the Orange County Parochial School League, its officers, directors, representatives, and volunteers, as well as the Kaplan Center and Mt. St. Mary College staff, faculty, and representatives, harmless in the exercise of this authority.

I understand that these activities involve risk to the participant. I further acknowledge and understand that due to the nature of this activity, there is a possibility that my son/daughter may sustain physical injury or illness in connection with any participation in athletics and the sport of cheerleading and/or basketball. I further acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his or her participation. I hereby release the Orange County Parochial School League, its officers, directors, representatives, and volunteers, and Mt. St. Mary College, the Kaplan Center, and their staff, faculty, and representatives from any and all claims for personal injury or illness that my child may sustain during participation in cheerleading and/or basketball.

I further understand that the Orange County Parochial School League, its officers, directors, and volunteer participants, Mt. St. Mary College and the Kaplan Center, its faculty, staff, and representatives, have established rules and regulations pertaining to conduct, behavior, and activities of all students, cheerleaders, basketball players, spectators, and other visitors, by which my child must abide during participation in all activities, and that my child and I will be responsible for his or her failure to abide by those rules and regulations and any of the consequences of that failure to so abide.

**My child and I have read and understood the above Treatment Authorization and Liability Release.**

\_\_\_\_\_  
Signature of Parent or Guardian      Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature      Date: \_\_\_\_\_

\_\_\_\_\_  
Coach's Signature      Date: \_\_\_\_\_