

OUR LADY OF THE RIDGE - MEN'S CLUB - SPORTS REGISTRATION FORM

Name of Student _____ Birthday (mm/dd/yy) _____

Address _____ Town _____

Does he / she attend: (check one) OLOR School ER Program Other Parish or Program

Check The Grade, The Student Will Be Attending In The Fall Of 2010

3RD 4TH 5TH 6TH 7TH 8TH

SPECIAL NOTE: 3rd grade students may be eligible to participate subject to the discretion of the **MEN'S CLUB EXECUTIVE BOARD.**

FOOTBALL

- \$60.00 - One Male Child
 - \$40.00 - Additional Male Child same Sport
- Football Registration Deadline: Sept 7th*

BOYS BASKETBALL

- \$60.00 - One Male Child
 - \$40.00 - Additional Male Child same Sport
- Boys Basketball Registration Deadline: Oct 15th*

BOYS VOLLEYBALL

- \$60.00 - One Male Child
 - \$40.00 - Additional Male Child same Sport
- Boys Volleyball Registration Deadline: Feb 1st*

GIRLS BASKETBALL

- \$60.00 - One Female Child
 - \$40.00 - Additional Female Child same Sport
- Girls Basketball Registration Deadline: Aug 1st*

GIRLS VOLLEYBALL

- \$60.00 - One Female Child
 - \$40.00 - Additional Female Child same Sport
- Girls Volleyball Registration Deadline: Oct 15th*

BOXING SHOW

\$10.00 - One Child
(K to 6th Grade)

Grade _____



NO UNIFORMS WILL BE HANDED OUT UNTIL FEES ARE PAID

Mother's Name _____ Father's Name _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Family / Parental E-Mail _____

(Note: In the event of an emergency, every attempt will be made to contact the Parent(s), or Guardian)

Other Contact in case of emergency:

Name _____ Home # _____ Cell # _____

Relationship to Child _____

Name of Physician _____ Physician Phone # _____

PLEASE LIST ANY MEDICAL ALLERGIES / SIGNIFICANT MEDICAL HISTORY THAT THE COACH OR PROGRAM MODERATOR SHOULD BE AWARE OF:

2010 / 2011 Season

Amount Paid \$ _____ Date Paid _____

Check # _____ Cash Balance Due: \$ _____

Received By: _____

ONCE FEES ARE PAID, FATHER IS A MEMBER OF THE MEN'S CLUB



Please Return Form to: **Program Moderator** or OLOR Parish Rectory, 10811 S. Ridgeland Ave, Chicago Ridge, IL 60415

ARCHDIOCESE OF CHICAGO
Minor Child Athletic Participation Release Form

Minor Child Name: _____ Home Phone: _____

Address: _____

Parent/Guardian Name: _____

Important Information

The Catholic Bishop of Chicago (CBC) and **OUR LADY OF THE RIDGE PARISH** (Parish) are committed to conducting athletic programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their children in athletic programs must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish insist participants follow safety rules and instructions, which have been designed to protect your safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Therefore; each person registering themselves or a family member for a recreation program / activity should review their own health Insurance policy for coverage. **It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.**

Due to the difficulty and high cost of obtaining medical accident Insurance, the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Medical Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

**2010 / 2011 Programs: Football - Boy's and Girl's Basketball
 Boy's and Girl's Volleyball - Boxing**

As the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims; my minor child/ward or I may have, as a result of participating in the program, against the CBC, the Parish and their agents, servants and employees.

I do hereby fully release and discharge the CBC, the Parish and their officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or Parish officials to secure from any licensed hospital, physician. and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above program details:

(Parent/Guardian Signature)

(Date)