

**OUR LADY OF THE RIDGE ATHLETIC ASSOCIATION AND BOOSTER CLUB
SPORTS REGISTRATION FORM**

Child's Name _____ **Birth Date** _____

Address _____ **Town** _____

Parish _____

Check the Grade your Child Will be Entering for the 2019/2020 School Year:

K	1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEES: \$85/ SPORT (*2ND CHILD SAME SPORT = \$60)

Girls Basketball

Grades 3 – 8

Registration Deadline August 1, 2019

Season: August 18 thru End of October

Practice: Twice a week

Games: Most played on weekends at Frontier
Field House

Boys Basketball

Grades 3 - 8

Registration Deadline November 1, 2019

Season: November 24, 2018 thru March 2020

Practice: Twice a week

Games: Most played on weekends at Frontier
Field House

Girls volleyball

(Jan – Mar)

Boys Volleyball

(Mar – May)

Co-Ed Boxing Program

(Saturdays Jan – Beg of Mar)

Co – Ed Soccer

(Apr – May)

Mothers Name: _____ Phone _____

Fathers Name: _____ Phone _____

Mothers Email: _____ Fathers Email: _____

Please list any allergies, illnesses or medical conditions the coach should be aware of:

ARCHDIOCESE OF CHICAGO

Minor Child Athletic Participation Release Form

Minor Child Name: _____

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 Parish insist participants follow safety rules and instructions, which have been designed to protect the safety of those children participating.

Please recognize, the CBC and Parish do NOT carry medical accident insurance for injuries sustained while participating within its athletic programs. The cost would make the program fees prohibitive. Therefore, each parent or guardian registering themselves, or a family for a recreation program / activity, should review their own health insurance policy for coverage. It must be noted, 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 Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

MEDICAL WAIVER AND RELEASE OF 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.

- 2019 / 2020 SPORT(S) PROGRAMS: GIRLS AND BOYS BASKETBALL
- GIRLS AND BOYS VOLLEYBALL
- BOXING - CO-ED SOCCER

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 and any and all activities connected with, or associated with such programs.

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

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

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 medical 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 Signed