

# St. Patricia Athletic Association Girls Basketball 2023

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ DOB \_\_\_\_\_

Mother Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Existing Medical Conditions \_\_\_\_\_

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**FEES: Registration \$120.00 2<sup>nd</sup> child same sport \$95.00**

**Late FEES: \$25.00 (Forms are DUE 6/2/2023)**

**SportsBrain Concussion Management Fee (1 time annually): \$7**

**Concession:** \$100 per child. Checks are not cashed as long as the concession requirement is fulfilled. (Separate Check)

**Uniform Fee:** 4<sup>th</sup> to 8<sup>th</sup> when needed. (Jerseys typically last 2 years)

Jersey & Shorts: \$60.00 Shorts only \$21.00 Jersey only \$39.00

Top: YM \_\_\_\_\_ YL-XL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Shorts: YM \_\_\_\_\_ YL-XL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

LAST NAME PRINTED \_\_\_\_\_

# From Last Year: \_\_\_\_\_ OR Desired #(list 3): \_\_\_\_\_

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Paid \_\_\_\_\_ Check \_\_\_\_\_ (or) Cash \_\_\_\_\_

I give permission for my Child / Children to be photographed and their picture appear in the church bulletin, local newspapers, the school website and or Athletic Association website and / or for marketing purposes

YES \_\_\_\_\_ NO \_\_\_\_\_

**Concession:** Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ I do not plan on working my concession please cash my check

\_\_\_\_\_ I understand I must attend a coach/parent meeting before my child is eligible to play and must not have any outstanding balance with the SPAA.

There are no refunds once teams are formed and entered into leagues. No refunds will be given after the start of the season which is August 19th. **Please see back page for insurance release**

Catholic Bishop of Chicago, A Corporation Sole  
Child/Minor Acknowledgement Form

Child/Minor Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Program: Basketball

Program Dates: August 2023 to November 2023

The Catholic Bishop of Chicago (CBC ) and **St.Patricia Parish / Athletic Association** are committed to conducting programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and Parish insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC and Parish/Association does not carry medical accident insurance for injuries sustained in the programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a sports/recreation program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage **does not** make the CBC or the Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are 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 activities connected with this program. I am responsible for the transportation of my child/ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and the Parish and is my voluntary undertaking. While using my personal vehicle to and from parish/school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State and local laws; during the event(s) and to and from the events(s). I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and the parish from claims resulting from injuries, ( including death ), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or parish official to secure from any hospital, physician and or medical personnel any treatment deemed necessary for my minor child's immediate care and agree 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