

OWENSBORO CATHOLIC ELEMENTARY SCHOOL

STUDENT ATHLETIC APPLICATION

Basketball

STUDENT INFORMATION

Name	_____	Grade	_____
Date of Birth	_____	Please Circle	<b>Boy   or   Girl</b>
Home Phone No.	_____	Cell Phone No.	_____
Address	_____	Parents Name	_____
Parents E'mail	_____	School	_____
Religious Ed. (Yes/No)	_____	If Yes, Which Parish	_____

MEDICAL INFORMATION

Insurance (Yes/No) \_\_\_\_\_ Company \_\_\_\_\_ I.D. # \_\_\_\_\_

Health Problems? \_\_\_\_\_

**In compliance with State Law all student athletes are required to have a medical physical on file in the principal's office BEFORE they can participate, including being evaluated. Physicals must be on a "KHSAA FORM for Middle School Level". NO EXCEPTIONS.**

**WAIVER CLAUSE:** (Applies to all participating Athletes)

*The above named individual has our/my permission to participate in the athletic program sponsored by the OCCSS. We/I understand that no insurance is provided by the OCCSS, the individual school athletic department or any individual connected with the program. We/I agree to release from responsibility and to hold blameless the OCCSS, School Athletic Department or any individual who is assisting in the sports program sponsored by the OCCSS for any injury or sickness resulting from participation in the sports program.*

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

Would you (parent/guardian) like to help coach? If so please complete a coach's application.

*We agree to keep the equipment assigned to us clean and repaired to the best of our ability. WE agree to replace equipment assigned to us that is lost, stolen or abused by us.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**This application is for all eligible students in 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> grades that want to play basketball for the Owensboro Catholic Elementary School Basketball League. Late signups will only be placed on teams that have an opening. If you have any questions please call Darlene Smith (270.993.9809) or Mark Pfeifer (270.315.5876).**

**Registration fee is \$40 for the first child and \$25 for each additional child per family payable to Owensboro Catholic Schools.**