

**HOLY ANGELS CATHOLIC SCHOOL
2019-20 BASKETBALL REGISTRATION FORM**

Informed Consent and Waiver Form

My child and I are aware that participating in any sport associated with Holy Angels Catholic School is a potentially hazardous activity. We assume all risks associated with participation in this sport including but not limited to: falls, contact with other participants and the effects of weather, traffic and other risk conditions.

I understand this informed consent form and hereby waive, release and forever discharge any claims against Holy Angels Catholic School; its administrators; employees; volunteers; agents; parishes; pastors and priests; as well as the Diocese of Camden and the Bishop of the Diocese of Camden for damages and/or injuries to the undersigned which may arise from the participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same, I do hereby covenant, promise and agree to indemnify and hold harmless the school and the Diocese of Camden and all of the administrators; employees; volunteers and agents of both from and against any claims brought by and/or on behalf of my child and by and/or on behalf of any other person arising out of and/or in any way connected with participating in this sport.

_____ (sign) _____ (date)

NO REGISTRATION ACCEPTED WITHOUT PAYMENT

Child's Name (print): _____
Date of Birth: _____ Sex: _____ Grade: _____
Home Phone: _____ Work Phone: _____
Mother's Cell: _____ Father's Cell: _____
Parent Email: _____
Home Parish: _____
Religion: _____
Attendee of Holy Angels Catholic School: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____
Relation: _____ Phone: _____

Parent/ Guardian Signature: _____

Amount Due: \$100.00

Cash: _____ Check: _____ Check #: _____

** \$15.00 return check fee **

Concession Stand Buy Out

By signing below, I agree to participate in the concession stand during one of the regular season home games for Holy Angels Catholic School Volleyball. I will submit a check for \$25.00 to ensure that I will participate. After participating, I will receive my signed check back from the athletic department. If I do not participate in the concession stand, my check will be deposited into the athletic department account at the end of the volleyball season.

Please provide a separate check for \$25.00. Please put "Concession stand" in the memo line of your check.

Parent Signature

Check Number