

_____ Season

ARCHDIOCESE OF BALTIMORE BASKETBALL PLAYER CONTRACT

TEAM : _____ AGE GROUP: _____ BOY _____ GIRL _____
NAME : _____ PHONE : _____
ADDRESS : _____ BIRTHDATE : _____
SCHOOL : _____ ZIP CODE : _____
PARISH : _____ GRADE : _____
CYO BASKETBALL I.D. # _____

IS THIS YOUR **FIRST YEAR** PLAYING CYO BASKETBALL ? YES _____ NO _____
HAVE YOU EVER PLAYED ON A **DIFFERENT** PARISH OR CLUSTER TEAM YES _____ NO _____
IF YES ,WHAT PARISH OR CLUSTER SCHOOL ? _____

WHAT IS YOUR RELIGIOUS AFFILIATION ? (PLEASE CIRCLE ONE) CATHOLIC -OR - NON-CATHOLIC

ELIGIBILITY INFORMATION (PLEASE MARK ONE)

- 1. ANY BAPTIZED CATHOLIC WHO IS OFFICIALLY REGISTERED IN THE PARISH.
- 2. ATTENDS PARISH SCHOOL.
- 3. GRADUATE OF PARISH SCHOOL
- 4. ATTENDS CLUSTER OR REGIONAL SCHOOL
- 5. CATHOLIC BUT PARISH DOES NOT HAVE A TEAM
- 6. NON CATHOLIC LIVING WITHIN THE PARISH BOUNDARIES.

PLAYER'S SIGNATURE : _____

COACH'S SIGNATURE : _____

PARENT / GUARDIAN AUTHORIZATION

IN CONSIDERATION OF THE WHOLESOME RECREATION AND/OR LEARNING EXPERIENCE IN WHICH MY CHILD WILL PARTICIPATE, I/WE, AS PARENT(S) OR GUARDIAN(S) OF _____ ALLOW MY CHILD TO PARTICIPATE IN ARCHDIOCESAN BASKETBALL LEAGUES. BY SO PERMITTING MY CHILD TO PARTICIPATE, I/WE EXPECT REASONABLE AND ADEQUATE SUPERVISION OF MY CHILD. IT IS THUS AGREED THAT I/WE WILL HOLD THE INDIVIDUAL PARISH, SCHOOL, GYM SITE, AND THE ROMAN CATHOLIC ARCHBISHOP OF BALTIMORE, A CORPORATION SOLE, AND ALL THEIR AGENTS, SERVANTS AND EMPLOYEES HARMLESS FROM ALL LIABILITY AND ALL LEGAL PROCEEDINGS ARISING FROM ANY INJURIES CONNECTED WITH GAMES, PRACTICES, OR TRANSPORTATION TO AND FROM SAME, UNLESS CAUSED BY OR DUE TO GROSS NEGLIGENCE OF EITHER THE CORPORATION, THEIR AGENTS, SERVANTS, OR EMPLOYEES.

I HEREBY GRANT PERMISSION TO THE ADULT COACH IN CHARGE TO OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC FOR MY CHILD IN THE EVENT THAT I CANNOT BE REACHED. FURTHER, I HEREBY INFORM PERTINENT MEDICAL PERSONNEL THAT THERE ARE/ARE NOT MEDICAL CONDITIONS THEY SHOULD BE AWARE OF AS ATTACHED TO THIS FORM. MY CHILD IS COVERED BY MEDICAL INSURANCE WITH: _____
POLICY NUMBER : _____

BY YOUR SIGNATURE YOU HAVE ACKNOWLEDGED THAT YOU CHILD HAS COMPLIED WITH ALL CYO RULES ON AGE AND ELIGIBILITY. PLAYERS FOUND TO BE INELIGIBLE WILL BE SUSPENDED THE CURRENT SEASON AND THE NEXT.

PARENTS SIGNATURE / DATE : _____