

Season _____

ARCHDIOCESE OF BALTIMORE BASKETBALL PLAYER CONTRACT

TEAM _____
NAME _____
ADDRESS _____
SCHOOL _____
PARISH _____

AGE GROUP _____ BOY ___ GIRL ___
PHONE _____
BIRTHDATE _____
ZIP CODE _____
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. PARISH CATHOLIC OR STUDENT ATTENDING PARISH SCHOOL WITHOUT A TEAM.
- 6. NON CATHOLIC LIVING WITHIN THE PARISH BOUNDARIES.

PLAYER'S SIGNATURE _____

COACH'S SIGNATURE _____

PARENT/GUARDIAN AUTHORIZATION

IN CONSIDERATION FO 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 HARNMLESS 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 PHYSICAN, HOSPITAL, OR MEDICAL CLINIC FOR MY CHILD IN THE EVENT THAT I CANNOT BE REACHED. FURTHER , I HEREBY INFORM PERTIENT MEDICAL PERSONNEL THAT THERE ARE/ARE NOT MEDICAL CONDITIONS THEY SHOULD BE AWARE OF AS ATTEACHED TO THIS FORM. MY CHILD IS COVERED BY MEDICAL INSURANCE WITH _____

POLICY NUMBER _____

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

PARENT'S SIGNATURE/DATE _____