

2012 OLQM Intramural Basketball Registration Form

Player's Name: _____ Session: K-2 1-2 3-5

Grade: K 1 2 3 4 5 (non CYO) *Please fill out an additional registration form for each sibling.*

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

Drop registration form at school office before Winter Break. If after Winter Break, call or email Coach Rotter. Please note: The cost below assumes the player has reversible jersey from last year. If you need to purchase the reversible jersey, the cost is an additional \$15.

\$20 Grades K-2 \$30 Grades 3-5 (\$5 discount for each additional sibling) Please include check made out to OLQM.

In order for the intramural program to be successful, we need parents to volunteer as coaches. Volunteers will be asked to work at stations, teaching specific fundamentals demonstrated by an intramural director. Additional duties may include officiating and coaching a team. Please indicate your name, phone number, and email address below if you are interested in helping out. Contact Curt Rotter with any questions at 248.672.0429 or crotter@waw.misd.net.

Volunteer's Name: _____

Phone Number: _____ Email: _____

Emergency Contact Information

Name: _____ Cell Phone: _____

Participant Waiver

The above player(s) has/have my permission to participate in the OLQM Intramural Basketball Program. My son/daughter is in good health and I understand that participation involves risk of serious injury. I agree to assume full personal and financial responsibility and release and agree to hold harmless Our Lady Queen of Martyrs School (including all directors, volunteers, coaches, officials, and employees) from liability for any injuries, stolen or damaged possessions, liability, losses, costs, or any other damages that may be incurred as a result of the above player(s) participation.

Signature of Parent or Legal Guardian: _____