



## 2024-2025 OLSS BASKETBALL PROGRAM REGISTRATION For OLSS students in grades 5-8

Your permission as a parent or guardian is required for your child to be allowed to participate in our basketball program. While we do not require your child to have a physical examination in order to participate, we strongly suggest that he/she have one. Your child will be required to wear proper athletic shoes and clothing during practice. School uniforms and dress shoes are not permitted.

I hereby give my consent for *(child's name)* \_\_\_\_\_  
to participate in the 2024-25 basketball program at OLSS.

I authorize OLSS to obtain, through a physician of its own choice, any emergency medical care that may be reasonable and necessary for my child during the course of such activities.

I also understand that my child must be: (a) covered by a family medical insurance policy, or (b) if no medical insurance policy is listed, would also consent by signature below to pay in full, the dollar amount of any such emergency care as described above and not hold any individual or organization associated with OLSS or its basketball program financially responsible for such care.

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Student's Birth Date: \_\_\_\_\_ Current school grade: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

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

The registration fee is **\$75 per child** and may be paid with a check made out to OLSS, or through the online school store at: <http://olssschoo.corecommerce.com/>

**REGISTRATION FORMS & PAYMENTS ARE DUE BY SEPTEMBER 25, 2024.**

Please contact Gladys Nehf, Athletic Program Director at [4nehf@comcast.net](mailto:4nehf@comcast.net) with any questions.