



2018-2019 OLSS BASKETBALL PROGRAM REGISTRATION FORM

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 street shoes are not permitted.

I hereby give my consent for *(child's name)* _____ to participate in the 2018-19 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.

Parent/Guardian Name: _____ Date: _____

Name of Medical Insurance: _____ Policy # _____

Allergies/Medical Conditions: _____

Birth Date: _____ Grade: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email(s) for basketball correspondence: _____

Registration Fee of **\$60 per child** should accompany this form, and should be submitted to the School Office by **OCTOBER 1, 2018**.

Please contact Mrs. Gladys Nehf, Athletic Program Director, at 4nehf@comcast.net with any questions.

Parent/Guardian Signature _____