



## **2019-20 BASKETBALL PACKET**

If your child will be participating in the 2019-20 Basketball Program at OLSS School, please complete the forms in this packet and return them to the School Office, or to Mrs. Gladys Nehf, OLSS Athletic Director.

Please contact Mrs. Nehf at [4nehf@comcast.net](mailto:4nehf@comcast.net) with any questions.

\*Forms & Waivers with \$75 payment are due by **SEPTEMBER 19**

\*Hoodie & T-Shirt order forms with payment are due by **OCTOBER 15**



## 2019-2020 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 2019-20 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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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 **\$75 per child** should accompany this form, and should be submitted to the School Office by **SEPTEMBER 25, 2019**.

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

Parent/Guardian Signature \_\_\_\_\_



## HOODIE SWEATSHIRTS FOR OLSS BASKETBALL STARS & COACHES

It's time to place our annual basketball sweatshirt order!  
Are you currently an OLSS Basketball Player or Coach? If yes, then you are eligible to purchase a basketball hoodie sweatshirt featuring the OLSSS logo.  
The cost of this sweatshirt is **\$35**

- Sweatshirts are navy blue with the Seahawk Basketball logo on the back.
- Names are embroidered on the front left chest in white.
- Please remember basketball sweatshirts are **not** to be worn during church.
- Parents: please note that if you buy the sweatshirts a little large, they may get two years out of them.

Please return this order form with your payment to the School Office by **OCTOBER 15<sup>TH</sup>**.  
Make checks payable to OLSSS (*note "basketball sweatshirt" on the memo line*).

Please contact Mrs. Gladys Nehf @ 4nehf@comcast.net with any questions

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Print clearly the name to be embroidered: \_\_\_\_\_

Please check size:

_____	Youth Small (6-8)
_____	Youth Medium (10-12)
_____	Youth Large (14-16)
_____	Youth X-Large (18-20)
_____	Adult Small
_____	Adult Medium
_____	Adult Large
_____	Adult X-Large

For office use only:

Date received: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Payment form: cash \_\_\_\_\_ check# \_\_\_\_\_



## OLSS SEAHAWKS T-SHIRTS for Seahawks Basketball Fans

Do you have OLSS School Spirit? Here is your opportunity to show it!  
Seahawks Basketball T-Shirts are being ordered now!

- Shirts are navy blue with the Seahawks basketball logo (as above) on the front chest.
- Made of 100% preshrunk cotton.
- Please remember to wear your spirit t-shirt to all of the games!
- Spirit Shirts are not available at school, only through this once a year offer.

Please return this order form with your payment to the School Office by **OCTOBER 15<sup>th</sup>**.  
Make checks payable to OLSSS (*note "basketball shirt" on the memo line*).

*Questions: please contact Mrs. Gladys Nehf at [4nehf@comcast.net](mailto:4nehf@comcast.net)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete:	<u>Quantity</u>	<u>Size</u>	<u>Price</u>
	_____	Youth Small (6-8)	\$15
	_____	Youth Medium (10-12)	\$15
	_____	Youth Large (14-16)	\$15
	_____	Youth X-Large (18-20)	\$15
	_____	Adult Small	\$15
	_____	Adult Medium	\$15
	_____	Adult Large	\$15
	_____	Adult X-Large	\$15
	_____	Adult XX-Large	\$17
	_____	Adult XXX-Large	\$17

**Total Amount Due: \$** \_\_\_\_\_

For office use only:

Date received: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Payment form: cash \_\_\_\_\_ check# \_\_\_\_\_

## **PARENT'S CODE OF ETHICS PLEDGE**

WE, AS PARENTS, NEED TO TAKE THE INITIATIVE TO SHOW THE SUPPORT NECESSARY FOR OUR TEAMS TO THRIVE. WE SHOULD, AT ALL TIMES, BE ROLE MODELS FOR GOOD SPORTSMANSHIP. RIDICULING THE PLAY OF OUR STUDENTS, QUESTIONING THE DECISION MAKING OF OUR COACHES, OR COMMENTING ON A BAD CALL BY AN OFFICIAL CAN ONLY LEAD TO NEGATIVE ATTITUDE THAT IS THEN CARRIED OVER TO THE TEAM. WE WILL NOT ALWAYS AGREE WITH THE ACTIONS OF A COACH, PLAYER, OR OFFICIAL, BUT WE NEED TO REMEMBER THAT THEY ARE TRYING TO DO THEIR BEST AND DESERVE OUR SUPPORT AND NOT OUR CRITICISM.

THE SOUTHERN MARYLAND YOUTH BASKETBALL LEAGUE (SOMDYBL) WANTS TO REMAIN KNOWN AS A LEAGUE WHERE GOOD SPORTSMANSHIP IS AN IMPORTANT PART OF THE TOTAL ATHLETIC PROGRAM FOR COACHES, STUDENT ATHLETES, OFFICIALS, SPECTATORS AND PARENTS. PLEASE HELP US TO CONTINUE THE TRADITION OF GOOD SPORTSMANSHIP.

PARENTS ARE HERE TO PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR STUDENT ATHLETES PARTICIPATING IN THE SOUTHERN MARYLAND YOUTH BASKETBALL LEAGUE BY FOLLOWING THIS CODE OF ETHICS PLEDGE.

- I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES AND OFFICIALS AT EVERY GAME, PRACTICE OR OTHER YOUTH SPORT EVENTS.
- I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF MY CHILD AHEAD OF ANY PERSONAL DESIRE TO WIN.
- I WILL INSIST THAT MY CHILD BE PROVIDED A SAFE AND HEALTHY ENVIRONMENT.
- I WILL PROVIDE SUPPORT FOR COACHES AND OFFICIALS WORKING WITH MY CHILD, A POSITIVE ENJOYABLE EXPERIENCE FOR ALL.
- I WILL DEMAND A DRUG, ALCOHOL, AND TOBACCO FREE SPORTS ENVIRONMENT FOR MY CHILD AND AGREE TO ASSIST BY REFRAINING THE USE OF THESE PRODUCTS AT ALL YOUTH SPORTS EVENTS.
- I WILL REMEMBER THAT THE GAMES ARE FOR THE STUDENTS NOT FOR THE ADULTS.
- I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS, AND OFFICIALS WITH RESPECT REGARDLESS OF RACE, SEX, CREED, OR ABILITY.
- I WILL PROMISE TO HELP MY CHILD ENJOY THE YOUTH SPORTS EXPERIENCE WITHIN MY PERSONAL CONSTRAINTS BY ASSISTING WITH COACHING, BEING A RESPECTFUL FAN AND PROVIDING TRANSPORTATION OR WHATEVER I AM CAPABLE OF DOING.
- I WILL PROMISE THAT I WILL NOT APPROACH THE COACH(ES) IN PUBLIC WHEN I HAVE A CONCERN, BUT RATHER I WILL CONTACT THE COACH(ES) BY PHONE OR EMAIL AND ARRANGE A PRIVATE TIME TO TALK OF MY CONCERNS.
- I WILL ENSURE THAT MY CHILD RESPECTS THE PROPERTY OF OTHERS AND THEREFORE WILL NOT ALLOW MY CHILD TO RUN FREELY AROUND THE SCHOOLS WHERE GAMES ARE BEING HELD. MY CHILD WILL NOT BE IN THE HALLWAYS OR OUTSIDE THE SCHOOL BUILDING WITHOUT ADULT SUPERVISION. I WILL NOT DROP MY CHILD OFF WITHOUT PROPER ARRANGEMENTS BEING MADE TO ENSURE THE SAFETY AND WELL-BEING OF MY CHILD.

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**(PARENT'S SIGNATURE)**

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**(DATE)**

## **PLAYERS CODE OF ETHICS PLEDGE**

THE SOUTHERN MARYLAND YOUTH BASKETBALL LEAGUE (SOMDYBL) WANTS TO REMAIN KNOWN AS A LEAGUE WHERE GOOD SPORTSMANSHIP IS AN IMPORTANT PART OF THE TOTAL ATHLETIC PROGRAM FOR COACHES, STUDENT ATHLETES, OFFICIALS, SPECTATORS AND PARENTS. PLEASE HELP US TO CONTINUE THE TRADITION OF GOOD SPORTSMANSHIP.

- I WILL ENCOURAGE GOOD SPORTSMANSHIP FROM FELLOW PLAYERS, COACHES, OFFICIALS AND PARENTS AT EVERY GAME AND PRACTICE.
- I WILL ATTEND EVERY PRACTICE AND GAME THAT IS REASONABLY POSSIBLE AND NOTIFY MY COACH IF I CANNOT.
- I WILL DO MY VERY BEST TO LISTEN AND LEARN FROM MY COACHES.
- I WILL TREAT MY COACHES WITH RESPECT REGARDLESS OF RACE, SEX, CREED, OR ABILITY AND I WILL EXPECT TO BE TREATED ACCORDINGLY.
- I DESERVE TO PLAY IN AN ALCOHOL, TOBACCO AND DRUG FREE ENVIRONMENT AND EXPECT ADULTS TO RESPECT THAT WISH.
- I WILL ENCOURAGE MY PARENTS TO BE INVOLVED WITH MY TEAM IN SOME CAPACITY BECAUSE THAT IS IMPORTANT TO ME.
- I WILL DO MY VERY BEST IN SCHOOL.
- I WILL REMEMBER THAT SPORTS IS AN OPPORTUNITY TO LEARN AND TO HAVE FUN.
- I WILL LEAD BY EXAMPLE, IN DEMONSTRATING FAIR PLAY AND SPORTSMANSHIP TO ALL MY TEAMMATES.
- I WILL RESPECT THE PROPERTY OF OTHERS BY NOT RUNNING AROUND IN HALLWAYS, OR BEING OUTSIDE SCHOOL BUILDINGS WITHOUT ADULT SUPERVISION. AS A PLAYER OR A SPECTATOR, I AM THERE TO WATCH THE GAME AND WILL REMAIN IN THE GYM WITH MY PARENTS.

I HEARBY PLEDGE TO PROVIDE A POSITIVE ATTITUDE AND BE RESPONSIBLE FOR MY PARTICIPATION IN THE SOUTHERN MARYLAND YOUTH BASKETBALL LEAGUE BY FOLLOWING THE ABOVE CODE OF ETHICS.

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(PLAYER SIGNATURE)

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(DATE)

St. John Vianney Family Life Center Youth Registration Form  
You will NOT be allowed to participate unless this form is PROPERLY  
Completed and signed by a parent or a guardian.

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# PARTICIPANT INFORMATION/MEDICAL EMERGENCY FORM

Participant's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Name of Parent/Guardian/Custodian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's work # \_\_\_\_\_ Mother's work # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Parish \_\_\_\_\_ Date of Birth \_\_\_\_\_

Catholic ( ) Non-Catholic ( ) Male ( ) Female ( ) Grade \_\_\_\_\_ CCD student @ SJV \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

If this child has any on-going medical problems, please indicate: \_\_\_\_\_  
\_\_\_\_\_

If the child is currently taking any form of medication, please indicate type of  
medication/frequency: \_\_\_\_\_

I hereby authorize the coach, director, building monitor or volunteer present at St. John Vianney Family Life Center to seek immediate medical treatment for my child listed above, if a medical emergency arises while on the way to, returning from, or during any practice, game or meet in which the team participates. I also authorize the attending physician to perform any emergency treatment necessary after the consultation with the coach if I cannot be reached.

**Parent/Guardian/Custodian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Assumption of Risk

The parent, guardian or custodian by executing this registration for and on behalf of the named participant represents and warrants that they are unaware of any physical or mental impediment that would or could cause injury or harm to the participant or to others by the said participant's participation in the activities of the St. John Vianney Family Life Center. Due to the strenuous nature of some activities, the parent, guardian, or custodian is urged to consult a physician concerning the fitness of the participant to engage in activities prior to executing this registration. Since all activities present certain inherent and/or inadvertent risks and hazards, know and acknowledge by the undersigned, the parent, guardian or custodian, by their execution hereof, approve the participant's participation and assume all liability incident to the said minor's participation, except that liability, which is imposed by law on the Catholic Archdiocese of Washington, their employees, agents or volunteers.

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

# WAIVER/RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Name of Participant \_\_\_\_\_  
(Please Print)

Name of Program \_\_\_\_\_

## READ CAREFULLY

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the above participant might sustain. The terms "I," "me," and "my" also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims against St. Paul United Methodist Church (SPUMC) of Lusby, MD, that I may have as a result of participating in the program and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge SPUMC and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.

I further agree to indemnify, hold harmless and defend the SPUMC, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

[Signature of Participant] \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
[One Custodial Parent or Guardian **Must** Sign (if participant is under age 18)]