



**2016-2017 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 2016-17 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 **\$60 per child** should accompany this form, and should be submitted to the School Office by **September 23, 2016**.

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

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