

## BASKETBALL UNIFORM ORDER FORM

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

Please send your **\$75.00** deposit in check form--no cash please. The checks will be returned to you when we receive your uniform at the end of the basketball season.

### UNIFORM CARE:

Please take care of the uniforms by washing them in cold water and hanging them to dry. DO NOT USE IRON OR PUT IN THE DRYER.

**St. Anne School**  
**CYO Sports Consent Form for Basketball**

Fee: \$50.00

*Welcome to St. Anne School's CYO Sports Program. We hope your child will find the experience rewarding and will develop skills and friendships to last a lifetime. Please complete:*

Player's Name \_\_\_\_\_ Male \_\_\_ Female  
School \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Legal Guardian Names \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ (ext) \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
e-mail \_\_\_\_\_ (Please include both parents addresses/phones, if different)

Alternate Emergency Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

I hereby consent to participation by my child in the Basketball Program. I understand that this event may take place away from the Parish grounds and that my child will be under the supervision of the CYO coaches/volunteers during the activity. I acknowledge that CYO coaches or representatives are not responsible for transportation.

I fully recognize and understand that sports and recreation activities involve an element of risk of bodily injury. I will assume and accept those risks and hazards, which are incidental to such participation. My child has no special physical/medical conditions, except as listed above, and is fit for strenuous physical activity. In consideration for the opportunity for my child to participate, should such risk or hazard cause illness or injury to my child, I do hereby release, absolve, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, St. Anne Parish, its school, its organizers, coaches, volunteers, sponsors, and those individuals transporting my child to and from the activity.

Should such entities be guilty of gross negligence leading to serious illness, injury, or death of my child, it is recognized that I have the right to pursue legal redress. However, third parties (such as the place where the activity occurs) will be responsible for their own negligence and liability.

I hereby authorize medical/dental care and treatment for my child, as necessary, while under the supervision of the CYO sports program representatives. I will return all equipment and team uniforms at the end of the season in good condition.

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

# CYO BASKETBALL

CYO Basketball is available for 4th-8th grade boys and girls. Students who would like to participate in the CYO basketball program need to complete the attached **Consent and Uniform Forms**.

Return the forms and fees to the office by **Oct 23rd**. Please make **two separate checks** payable to St. Anne School.

To remain in compliance with CYO rules, the teams in grades 6-8 are limited to 12 players; therefore, try-outs for these teams may be necessary.

If you have any questions, please call Bill Gillis at 286-3092.