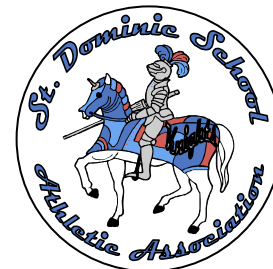


**ST DOMINIC SCHOOL ATHLETIC ASSOCIATION
BASKETBALL REGISTRATION FORM
420 E. Briarcliff Road,
Bolingbrook, IL 60440**



BOYS/GIRLS 5th-8th Grade BASKETBALL 2015-16

<http://www.stdominicathletics.org>

PLEASE PRINT

NAME	DATE OF BIRTH	GRADE	GENDER (M/F)
ADDRESS	CITY	ZIP CODE	T-SHIRT SIZE
Legal Guardian/Fathers Name	Phone #	Cell/Emergency Phone #	
Legal Guardian/Mothers Name	Phone # (if different)	Cell/Emergency Phone #	
Fathers Email Address	Mothers Email Address		

Note: Insurance is required for Participation.

INSURANCE CO.	Policy Holder Name	Policy No.
Doctor's Name	Doctors Phone #	

Allergic to medication or other (circle one) NO YES
 If YES, what? _____
 Any medical/non-medical problems we need to be aware of? _____

Volunteer information (check all that apply)

HEAD COACH _____ ASST. COACH _____ TEAM WORK COORDINATOR _____

GENERAL PERMISSION (JOLIET DIOCESE)

I hereby give permission for my child/minor in school grade noted above to participate in the St. Dominic Sports Program for the school year noted above. I hereby release and indemnify St. Dominic, its staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the Program.

PARENT'S MEDICAL AUTHORIZATION (JOLIET DIOCESE)

In case of emergency, if a family doctor cannot be reached, I hereby authorize my child/minor to be treated by paramedics, emergency Room physicians or other Physicians. I grant permission for the administration of "first aid" to my child by the people in charge of the Sports program or sporting event, and those transporting my child to/ from the program, as their judgment deems advisable, and to make necessary referrals to qualified physicians for treatment of illness or accidents of more serious nature. I understand I will be promptly notified in the event of any serious illness/accident and prior to any major surgery, except when delay in such and all communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the Parent/Guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

WAIVER & DISMISSAL (ST. DOMINIC)

I hereby agree to waive and forever discharge all claims for injury, loss or damages to the St. Dominic Athletic Association, St. Dominic School and St. Dominic Parish, that my minor child (or accrue to me or my child) as a result of participating in the program. I understand that the St. Dominic Athletic Association has the right to refuse anyone from participating in the program and that the St. Dominic Athletic Association can dismiss anyone from the program if so determines during the season.

UNIFORM, FEES & CONDUCT (ST. DOMINIC)

I hereby accept financial responsibility in the amount of **\$100** for the repair/replacement of the Basketball Uniform if it is lost or damaged. **I agree to follow the registration fee for St. Dominic Athletics as part of the St. Dominic School tuition and fee policy as outlined in the St. Dominic School Handbook.** I agree to follow the Parents Code of Ethics outlined in the St. Dominic Athletic Association Handbook that is on the web at <http://stdominicathletics.org/general/>.

BOTH PARENTS MUST SIGN THE CODE OF ETHICS ON THE NEXT PAGE

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PRINT)

-----office use only-----

Fee (75) _____ Fam. Disc _____ Late Fee (+50) _____ Total Fee Due \$ _____	Fee Schedule per sport: \$75 - 1 child, \$105 - 2 children, \$115 - 3 children+ Late Fee - Late Registration after : 8/31/12 BB \$50 late fee Amount Paid: \$ _____ Date _____ Received by _____ Check # _____ Cash Receipt # _____ Discount Grades _____
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St. Dominic Athletic Association
PARENTS CODE OF ETHICS

1. I will always treat others (coaches, parents, officials and players) the same way that I would want myself and my child to be treated. I will set the example by showing respect, dignity, and total sportsmanship at all times.
2. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or tournament.
3. 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 play in a safe and healthy environment.
4. I will remember that the game is for children and not for adults. I will do my very best to make youth sports fun for my child.
5. I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
6. I will ask my child to treat all players, coaches, fans and officials with respect regardless of race, sex, creed or ability and I will do the same.
7. I will promise to help the athletic program at St. Dominic School within my personal constraints by volunteering my time with coaching, providing transportation or working at the games as detailed in the Athletic Handbook, Section 4.
8. I will not discuss problems with my coach in front of the children and/or before, during or after a game. I will discuss problems with my coach in private and away from the children.
9. I will let the coach instruct the team. I will not shout out instructions to the players during the game.
10. During games, I will offer applause and cheers of encouragement for both teams following a good play or a great effort, otherwise I will keep quiet.
11. I will try and identify a positive from every game or practice to help build confidence and I understand that a young player's sense of achievement is the greatest motivator.
12. I will support all policies and rules of the St. Dominic Athletic Association Handbook and St. Dominic Athletic Program.

Parent/Guardian 1

Parent/Guardian 2

Date _____