

**2022 Little Angels Basketball Registration**

**GRADES K-2 BOYS & GIRLS**

**\*\*\*REGISTRATION FORM AND FEE IS DUE BY JANUARY 7, 2022\*\*\***

**SEND INTO THE MAIN OFFICE ATTN: LITTLE ANGELS**

**\*Please fill out a separate form for each player\***

Little Angels will be offered on Saturday mornings for six weeks starting on January 8. Boys and girls of all skill levels are invited to play. The focus of the Little Angels program is to introduce the sport of basketball to new players and continue to improve upon the skills of players with experience. All practices will take place at Seton in the gym.

**\*\*THE FEE IS \$50 BY FRIDAY, JANUARY 7. PLEASE NOTE, IF NUMBERS ARE LARGE, PRACTICE MAY BE SPLIT INTO TWO AGE GROUPS AT SEPARATE TIMES\*\***

**COACHING VOLUNTEERS (AT LEAST ONE VOLUNTEER COACH IS REQUIRED FOR THE PROGRAM TO RUN)**

**\*Background check and CASE training required \***

I am interested in volunteering, please contact me:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**CHILD INFORMATION**

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

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

**\*Athletic Director and/or coach will notify parent/guardian when practice time is determined.**

**Health History:** Please list any medical conditions that might affect participation in this program. Please include any medications currently taken on a regular basis. If there is a condition that will affect participation in the program, a written authorization indicating approval of their participation from the child's physician is needed.

Any allergies or special needs/concerns, health concerns: \_\_\_\_\_

Any medications (prescription and/or non-prescription) currently taking (include dosage): \_\_\_\_\_

*I hereby release, discharge, and/or otherwise indemnify Seton Catholic School and/or the Diocese of Rochester, their affiliated organizations and sponsors, their employees, and associated personnel utilized for the Little Angels program against any claims by or on behalf of my child as a result of my child's participation in this program. Mr. Demlein reserves the right to remove a student from any program if they are unable to properly behave or cooperate in a reasonable manner.*

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

**Media Release – Diocese of Rochester/CYO Athletics/Seton Catholic School**

I give permission for the Diocese of Rochester/Seton Catholic School to make use of pictures of my child for informational/advertising purposes only. Please check one of the following boxes:

- In conjunction with the photographs, slide, audiotape or videotape, I also give my permission for the Diocese of Rochester, CYO Athletics and Seton Catholic School to identify the person(s) either verbally or in writing
  
- I request no identifiable information pertaining to the above-named person(s) to be used in conjunction with the photograph, slide, audiotape or videotape.

I hereby release the Diocese of Rochester, Seton Catholic School and all of its affiliated entities, including its employees, volunteers and the parish sponsor for any and all liability for any damages suffered as a result of, or relating to, the use of any photograph, slide, videotape or audiotape of my child done in accordance with the foregoing.

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