

St. Bernard School Travel Basketball 2014-15 Registration and Waiver Form

Participants Name: _____ Grade: _____

Age as of December 31, 2014 _____ D.O.B. _____

Do you belong to St. Bernard Parish (Y / N).

Parent/Guardian Name # 1
(Print): _____

Parent/Guardian Name #2
(Print): _____

Address: _____

1st Guardian Home Ph: _____ MobilePhone: _____

E-Mail #1: _____

2nd Guardian Home Ph: _____ Mobile Phone: _____

E-Mail #2: _____

Participant Medical Conditions or Allergies: _____

Doctors Name: _____ Phone Number: _____

We/I, the parent(s)/guardian of the above named child, hereby give my approval for this child to participate in the basketball program sponsored by St. Bernard Travel Basketball. I know that participation in the basketball program may result in serious injuries. I do hereby waive, release, indemnify and agree to hold harmless the St. Bernard School, The Hartford Archdiocese, St. Bernard Basketball team members, its officers, members, sponsors, supervisors, coaches, volunteers and participants and invitees from any claims arising out of any injury to my child, whether the result of negligence or for any other cause.

Parent/Guardian #1
Signature: _____ Date _____

Parent/Guardian #2
Signature _____ Date _____