



Mary, Queen of Heaven

2011-2012 Basketball Registration

(USE ONE REGISTRATION FORM PER CHILD)



REVISED DEADLINE

*****All registrations and payments are due by Friday, September 30, 2011*****

NAME: _____ GRADE: _____ DOB: _____

GENDER(circle one): M F SHIRT SIZE(circle one): YS YM YL YXL AS AM AL AXL

SHORT SIZE(circle one): YS YM YL YXL AS AM AL AXL

ADDRESS: _____

GUARDIAN (s): _____ PHONE: _____

PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PLAYING STATUS LAST YEAR(CHECK ALL THAT APPLY):

DID NOT PARTICIPATE AT MQH

PARTICIPATED IN MQH BASKETBALL FOR COACH _____

WOULD LIKE TO HAVE THE SAME COACH, IF POSSIBLE

REGISTRATION FEE: \$50.00 Payable to MQH Athletic Dept.

AGREEMENT:

1. I hereby certify that my child is in good health and capable of safe participation in the MQH Sports Program. By signing this release of my free will, I give my permission to Mary, Queen of Heaven to use photographs, film footage, audio or video recordings, which may include my families' image or voice for the purposes of promoting MQH programs and services to the general public. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize Mary, Queen of Heaven to obtain medical treatment for my child in the event that parents and emergency contact cannot be reached.
2. All parents/guardians are required to work one shift per registered player at the concession stand or door during the basketball season. Each shift will be a four hour shift either on Thursday/ Friday night (from 5:30 until 9:30p.m.) or on Saturdays (either 8:00 a.m. – 12:00 p.m. or 12:00 p.m. – 4:00 p.m.) If you are unable to work on your assigned day, it is your responsibility to find a replacement or switch assigned days with another parent. Please send questions/concerns to Travis Eilers (t.eilers@mqhschool.com) or Dave Miller(dave.miller@fuse.net).
3. I understand that payments are non-refundable and non-transferable.
4. I understand that registrations are completed on a first come, first served basis. There is no guarantee of placement on a particular team with particular players, or a particular coach.

SIGNATURE (S): _____

Coaching Information: (All coaches must be VIRTUS trained and compliant PRIOR to the first practice.)

Do you wish to volunteer to coach? YES NO Are you VIRTUS compliant? YES NO

Coach Name: _____ Phone Number: _____

_____ Email Address: _____ Alt. Phone

Number: _____

**RETURN THIS COMPLETED REGISTRATION TO THE SCHOOL OFFICE ALONG WITH THE REGISTRATION FEE BY SEPTEMBER 30TH, 2011.
FOR ADDITIONAL INFORMATION, SEND INQUIRIES TO DAVE MILLER AT DAVE.MILLER@53.com.**