

# IMMACULATE HEART OF MARY

## Travel Basketball Program

### 2023 Registration Form

CHILD'S NAME: \_\_\_\_\_ GENDER: M / F

PARENTS' NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE AS OF SEPTEMBER 2023: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEALTH INSURANCE INFORMATION FOR CHILD: (Please provide name of insurer, ID#, Policy # or Group #)

\_\_\_\_\_

DISCLOSE ANY HEALTH RELATED OR OTHER MEDICAL PROBLEMS:

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ARE YOU A REGISTERED PARISHIONER OF IHM? \_\_\_\_\_

IF NO, WHAT PARISH ARE YOU REGISTERED WITH? \_\_\_\_\_

IS YOUR CHILD ENROLLED IN IHM'S CCD PROGRAM FOR THE UPCOMING YEAR? \_\_\_\_\_

INTEREST IN:  COACHING \*  ASST COACH\*  TEAM PARENT

*\* I understand that I must complete the "Protecting God's Children" class offered through Immaculate Heart of Mary Parish prior to being assigned as a coach or Assistant Coach in the IHM Travel Program.*

I am the parent of the above-named player. I certify that all of the above information is correct. I hereby permit my child to try-out for the IHM Travel Basketball team for the year 2023. I understand that this is a try-out and not a guarantee of a spot on the final roster of the team.

I understand that physical exercise and recreational sports can subject the participants to risk of serious injury and that I am allowing my child to participate in IHM Travel Basketball. I voluntarily agree to assume the risk of such injury to my child. I expressly agree to release, discharge and/or otherwise indemnify Immaculate Heart of Mary, the Parents' Guild, the Athletic Committee, and/or their representatives, volunteers, coaches and/or other players from any and all claims or causes of action as a result of any injury which my child may sustain during a try-out session, game or practice, or while at a tournament or practice site. I also agree to release, discharge and/or otherwise indemnify Immaculate Heart of Mary for any injuries that may occur to my child as a result of the use of the Immaculate Heart of Mary facilities and premises and assume all risks of injury, illness or death. I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against Immaculate Heart of Mary, the Parents' Guild, the Athletic Committee, or their representatives, volunteers, coaches and/or other players.

DATE: \_\_\_\_\_ PARENTS' SIGNATURE: \_\_\_\_\_

**IHM Travel Team fees will be collected after October tryouts and final rosters have been determined.**

**Please Drop all Completed Travel Forms at the IHM Office for John McNulty**