



STAR OF THE SEA



BASKETBALL TEAM

**PLEASE JOIN US IN THE TIDEWATER CATHOLIC
BASKETBALL LEAGUE!!!**

SIGN-UPS FOR THE BASKETBALL TEAM 2017-2018

WEDNESDAY SEPTEMBER 27TH, 5:00-6:30PM

WHO: LEAGUE TEAMS - 3RD - 8TH GRADE

WHEN: PRACTICES STARTING - THE WEEK OF OCTOBER 16TH

WHERE: STAR OF THE SEA SCHOOL GYM

(3 Forms Required - SOS PARISH PLAYER registration, TCBL, Good Standing)

Download forms at www.sosschool.org/school-life/athletics/

Not sure if this is for your child? Come to Basketball open play - Sept 27th, 4:30 - 5:00pm

JOIN US FOR AN AWESOME YEAR OF SPIRIT AND FUN!

\$95 LEAGUE PLAYER FEE (CHECKS MADE OUT TO SOSAA)

**PLEASE ALSO MARK YOUR CALENDARS FOR THE
MANDATORY PRESEASON ORIENTATION MEETING**

WEDNESDAY, OCTOBER 11TH, 6:00PM IN THE SOS GYM

**TEAM PLACEMENT IS CONTINGENT UPON EXISTING OPENINGS
AFTER STAR OF THE SEA SCHOOL ATHLETES. ALL OTHER
REQUIREMENTS MUST BE ADHERED TO ACCORDING TO THE
STAR OF THE SEA ATHLETIC HANDBOOK. ATHLETE
PARTICIPATION IS CONTINGENT UPON PARENT ATTENDANCE.
IF UNABLE TO ATTEND THE MEETING, IT IS THE PARENT'S
RESPONSIBILITY TO MEET WITH THE AD.**

ANY QUESTIONS PLEASE CONTACT THE ATHLETIC DIRECTOR:

ANNA HUDDLESTON - STAROFSEAATHLETICS@GMAIL.COM



Basketball Parish Player Permission Form 2017-2018

Name of Athlete _____

Grade _____

The following information must be completed and signed by the appropriate parent or guardian and turned in to the main office before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you. All information must be completed for BOTH parents.

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code _____ Cell #: _____

Work / Secondary Phone #: _____ Email (required): _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code _____ Cell #: _____

Work / Secondary Phone #: _____ Email (required): _____

Emergency Contact _____

Authorized to Pick-up _____

I would like to help by coaching _____ asst. coaching _____ team manager _____

Insurance

All students participating in student athletic activities at Star of the Sea Catholic School must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the students. All student athletes must be cleared to participate by their doctor.

Insurance Company & Address: _____

Policy Holder: _____ Policy and Group Number _____

Medical Conditions _____

Required Waiver of Liability

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff of Star of the Sea Catholic School to seek during the period of school athletic activities, appropriate medical attention and for the students to receive medical attention and treatment to be covered under the student's insurance policy detailed on page 1 of this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge Star of the Sea Catholic School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____



TCBL PLAYERS REGISTRATION FORM

First Name: _____ Last Name: _____				PARISH/SCHOOL USE ONLY: Method of payment: Cash _____ Check _____ Paid for more than one child: _____		TCBL USE ONLY: Team (Mark One): Sr. Boys _____ Sr. Girls _____ Jr. Boys _____ Jr. Girls _____ Midgets _____	
Address: _____			Home Phone: _____				
E-mail Address: _____							
School: _____	Grade: _____	Current Age: _____	Birth Date: _____	Proof of Age (Mark One): Birth Cert. _____ Bapt. Cert. _____ Mil. ID _____ Other _____		Proof of Age (Mark One): Birth Cert. _____ Bapt. Cert. _____ Mil. ID _____ Other _____ Waiver (Mark one): Approved: _____ Not _____ Approved: _____	
Parish: _____							
Circle one: Boy Girl							
Circle one: Basketball Cheerleading							

I understand the risks of injury inherent in playing basketball, and I give my permission for my child to participate in the TCBL. My child and I promise to uphold the highest Catholic and Christian Values. I will display the highest citizenship, fair play, ethics, integrity, and sportsmanship. I understand that if we fail to uphold the highest Catholic and Christian Values and display highest citizenship, fair play, ethics, integrity and sportsmanship that the TCBL Board could restrict us from playing and participating in the TCBL. I also hereby grant to the TCBL, the right and permission, with respect to league photographs taken of the minor named above on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

A. To include such photographs in all editions of the league website, booklet and/or media, and in the advertising, publicity, and promotion thereof.

PARENT/LEGAL GUARDIAN SIGNATURE

Date

I have examined this application and supporting proof of age document and find both to be in accordance with league rules and regulations.

PARISH REPRESENTATIVE

Date

A separate form must be completed for each player participating

Rev. 2/Sep 2014



Basketball Parish Athlete Good Academic Standing Statement 2017-18

Name of Athlete _____ Grade _____ Parish _____

School Information

School Name: _____

Address: _____

City: _____ State: _____ Zip Code _____ Primary Phone #: _____

Teacher's Name: _____

Email (required): _____

Other contact information _____

Previous Report Card

A copy of the most recent report card demonstrating that the student is in good academic standing must accompany this form and be turned into the Athletic Director prior to the Parish Placement and Information Evening.

Parent and Teacher Verification Statement

We, the undersigned, hereby certify that I (we) am (are) the teacher and parent of the Parish Student Athlete that is participating in the Star of the Sea TCBL League Basket Ball Season. I (we) am (are) verify that the student athlete is in good academic standing at his/her current school. I (we) am (are) also agree to ensure that the student athlete is adhering to all the Student Expectations and Requirements that are outlined in the Star of the Sea Athletic Handbook. I (we) am (are) agree to notify the Athletic Director of any change in this standing.

Signature of Parent or Guardian

Date

Signature of Teacher

Date

Teachers – Please retain a copy of this form.