



**STAR OF THE SEA**



**BASKETBALL TEAM**

**SIGN-UPS FOR THE BASKETBALL TEAM 2017-2018**

**WEDNESDAY SEPTEMBER 27<sup>TH</sup>, 5:00-6:30PM**

**WHO: GROMMETS - PREK - 2<sup>ND</sup> GRADE**

**LEAGUE TEAMS - 3<sup>RD</sup>- 8<sup>TH</sup> GRADE**

**CHEERLEADING - K-2<sup>ND</sup> GRADE**

**WHEN: PRACTICES STARTING - THE WEEK OF OCTOBER 16TH**

**WHERE: STAR OF THE SEA SCHOOL GYM**

**JOIN US FOR AN AWESOME YEAR OF SPIRIT AND FUN!**

**\$35 GROMMET FEE**

**\$95 LEAGUE PLAY FEE**

**\$55 CHEERLEADING FEE**

**\$150 FAMILY CAP**

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

**(ONLY FOR PARENTS OF 3<sup>RD</sup>-8<sup>TH</sup> BASKETBALL PARENTS)**

**WEDNESDAY, OCTOBER 11<sup>TH</sup>, 6:00PM**

**IN THE SOS GYM**

**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](mailto:STAROFSEAATHLETICS@GMAIL.COM)**



# Grommet 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 \_\_\_\_\_