

**Mary Our Queen 3rd & 4th Grade
Intramural Basketball 2009
maryourqueenchurch.com**

<p>Registration Information:</p> <p>Fee: \$25.00 Jersey: \$12.50</p> <p>Practice on week nights at MOQ or Prairie Lane gym. Games are on Saturday mornings between 8:00 and 1:00.</p> <p>Game will be played 5 on 5 with 10-foot baskets on full court, with 45 min. games with high school students refereeing.</p> <p>League runs from January 8 – March 5th.</p>	<p>Registration Due: December 1st Teams will be a mix of 3rd & 4th grade participants</p> <p>Coaches' meeting is December 9th</p> <p>The completed registration form may be returned to the school office. Contact Tim Connelly with questions: Phone: 393-4490 Email: tconnelly@cox.net Address: 3610 South 107th St, Omaha, NE 68124</p>
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-----Please keep top portion – Send in bottom portion-----

Players name: _____ Grade: _____ Gender: **Male/Female**
 Address: _____
 Parent/Guardian name: _____ Players school: _____
 Home phone: _____ Cell phone: _____ Email: _____

Please circle jersey size: Cost: \$12:50
 YM (10-12) YL (14-16) AS AM AL AXL AXXL

The jersey is a two color reversible jersey that will be worn thru grade 4.
The jersey is the same as last year, if you already have one, you do not need to purchase another.

_____ Yes! I will Coach _____ Yes! I will assist _____ Yes! I will help
All coaches will be required to attend Safe Environment Training.

Name: _____
 Home Phone: _____ E-mail address: _____
Coaching assignments are at the discretion of the athletic committee.

Consent
<p>As the parent or Legal Guardian of the above MOQ Basketball player, I hereby give my consent for emergency medical care prescribed by a daily licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are medically necessary. I acknowledge that the player and I have read, understand and will abide by the following Mary Our Queen Athletic Committee Approved Policies Regarding Parish Sports Programs policies found at maryourqueenchurch.com (1) MOQ Player Commitment, (2) MOQ Parent Code of Ethics, (3) Youth Coaching Guidelines and (4) MOQ Intramural Basketball.</p>
<p>Parent/Guardian signature: _____ Date: _____</p>

-----For office use only-----

Date: _____ Amount paid: _____ Cash: _____ Check #: _____ Initial: _____