

**REGISTRATION FORM
MOQ BASKETBALL
PAROCHIAL ATHLETIC LEAGUE**

(Open to all Registered Parishioners Grades 5-8; Must be enrolled in MOQ's 5-day school or CCD program)

Registration Must Be Turned In By Oct 21st To Avoid LATE FEE.

Player's Name _____ Grade: _____
Player's Address _____ Male or Female
Telephone No. _____ (circle one) 5-day school or CCD Height: _____

Will MOQ be your PRIMARY or SECONDARY team? Circle one. Shirt size (adult) Circle one.
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LIVES WITH (BOTH) (FATHER) (MOTHER) (GUARDIAN)

Please list any medical conditions that your child's coach should be aware of:

Parent or Guardian _____
Email Address _____ Phone (if different than above) _____
Street Address (if different than above) _____

PLEASE INDICATE AT LEAST ONE AREA THAT YOU WOULD BE ABLE TO HELP.

Head Coach _____ Assistant Coach _____ Team Parent _____ Other _____

Volunteer's Name _____ Phone _____

*****All Coaches Must Have Completed Safe Environment Training.*****

If you need training please contact Tim Connelly at 402-393-4490 to schedule before the season starts.

**Uniforms are to be worn only at games. Players are responsible for any damages.
Damages will be covered with deposit check if necessary.**

CONSENT

As the Parent or Legal Guardian of the above Mary Our Queen basketball player, I have read the above information and hereby give my consent for my child to participate and 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.

Signature of Parent/Guardian _____ Date _____

FOR CLUB USE:

Registration Fee	\$65*	Check # _____	Cash _____	Initial _____
Uniform Deposit	\$100*	Check # _____	Cash _____	Initial _____

*Non-refundable after team postings.

(Need separate checks made out to MOQ Athletic Committee.)