

**SAINT JUDE BASKETBALL PROGRAM
REGISTRATION FORM**

Please complete one form for each child registered and return to Diane McDonough, c/o Sister Katherine's office, together with the proper registration fee, uniform order, via check payable to "SAINT JUDE BASKETBALL" by the **Friday October 17, 2008** dead line.

Student information **check if you want to help:** Coach _____
Hall Monitor _____
Banquet _____

Name _____ Grade _____

Address _____ Telephone _____

Parent/Guardian _____

Medical Limitations _____

Person to notify in case of emergency 1. _____ # _____
2. _____ # _____

Pediatrician / Clinic _____ # _____

RELEASE: I, the parent/guardian of the above-listed registrant, a minor, agree that I and the registrant will abide by the rules established for the Saint Jude School Basketball Program ("the Program"), by Saint Jude School, and the coaches and administrators of the Program. Recognizing that physical injury is a possibility in basketball, and discharge the Program, Saint Jude School, Saint Jude Parish, and all of its affiliated organizations, their member and participating coaches and administrators, as well as the owners of facilities utilized for the Program, including the Fernald Center and the Commonwealth of Massachusetts, their employees, agents, and representatives, from any claim, and otherwise indemnify them against any liability, resulting from any injury sustained while participating in the Program, and /or while being transported to or from Program events.

Signed: _____ Date: _____
Print Name: _____

Consent for Emergency Medical Treatment: As parent/guardian of the above-listed registrant, I hereby provide my consent for emergency medical or dental care prescribed by a duly licensed doctor of medicine or dentistry, to be rendered whenever necessary or preserve life, limb and general well-being of the registrant.
Signed: _____ Date: _____
Print Name: _____