



# Notre Dame Regional School Basketball Registration Form Grades 3-4



Please return completed form and registration fee by no later than:   TUESDAY, October 25  

1st Student's Name: \_\_\_\_\_ Male or Female \_\_\_ Grade \_\_\_ Birth Date \_\_\_ Current Age \_\_\_

2nd Student's Name: \_\_\_\_\_ Male or Female \_\_\_ Grade \_\_\_ Birth Date \_\_\_ Current Age \_\_\_

Parent Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

<p><b>1st Student Pre-existing Medical Conditions</b></p> <p>___ Asthma ___ Diabetes</p> <p>___ Seizures ___ Heart Murmur</p> <p>___ Allergies and/or Other/Additional info: _____</p>	<p><b>2nd Student Pre-existing Medical Conditions</b></p> <p>___ Asthma ___ Diabetes</p> <p>___ Seizures ___ Heart Murmur</p> <p>___ Allergies and/or Other/Additional info: _____</p>
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**PARENTS:**

I certify that my child/ren listed above is/are physically able to participate in Notre Dame's Sports program. I release Notre Dame School, its Parish family and its representatives from any claim for personal illness or injury that my child/ren may sustain during participation in sports activities. As a parent/guardian, I authorize the treatment of my child/ren by qualified medical personnel in an emergency situation.

**Attached is the medical/physical forms required; if one was not submitted already for this year. If you opt not to have a physical, then the attached Medical Release form is needed which needs to be Notarized as well.**

Also, I understand that my child's/ren's participation in the NDRS sports program is predicted upon my attendance at a required parent's meeting to review rules of conduct for parents.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

Parent/Guardian Signature: \_\_\_\_\_

**Registration Fee**

There will be a \$30.00 registration fee per participant. The money will help defray the cost that Notre Dame is obligated to pay (entrance fees, referees, uniforms, equipment, etc.)