

2011-2012 MOSAA Sports Registration Form

Uniform # _____
MOSS Student: YES / NO

Registration Fee: \$100.00 Girls Basketball
Make Check Payable to: MOSAA

Name of Parish where family is registered _____

Last Name _____ First Name _____

Address _____, PA _____

Date of Birth _____ Age _____ 2011-12 Grade _____

Name of Parents/Guardians _____

Home Phone _____ E-Mail Address _____

Mom Cell _____ Mom Work _____

Dad Cell _____ Dad Work _____

In the event a Parent/Guardian cannot be reached in an emergency, please list who we should contact:

Name/Relationship _____ / _____

Home Phone _____ Cell Phone _____

The athlete must either be enrolled in a Catholic School or enrolled in and regularly attending (registered and participating) the Parish Religious Education Program (as determined by participant's parish) for the entire school year. Article II, Section 2; 2004 CYO Rules Book.

Parent/Guardian Signature attesting to above _____

Indemnification Clause

Intending to be bound by the terms herein, I, Parent/Guardian of the candidate above, for a position in the sponsored Mother of Sorrows Athletic Association Program, hereby give my approval for my child's participation in the 2011-2012 MOSAA Sports Program. I/We assume all risks and hazards incidental to such participation, including but not limited to transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Mother of Sorrows Athletic Association, Parish and Greensburg Catholic Diocese, anyone acting on their behalf, the officers, coaches, organizers, sponsors, directors, supervisors, participants and person/ persons transporting my child to or from activities; for any claim, damages and/or expenses (including but not limited to attorney fees) for settling or defending any claim arising out of any injury to my child, except to the extent covered by accident and liability insurance.

I/We certify that the named volleyball player is in good health and has no impairments or physical conditions which would endanger her or other individuals while participating in the 2011-2012 MOSAA Sports Program.

I/We hereby acknowledge that we will adhere to the CYO Athletic Official Rules, Regulations and Code of Conduct as set forth by the Diocese of Greensburg. We further acknowledge that we will volunteer in the concession stand at home games.

Please list any medical condition(s) or needs that the Association should be aware of:

Concessions:

As a parent of a player participating in the MOSAA 2011-2012 Sports program I understand that all families are required to work concessions during home games. Families will be assigned a **minimum** of 2 games generally the opposite of your child's game. Families will either be asked to work the admissions table or concession area as a fund raiser for the Mother of Sorrow CYO Sports program. I further understand that should I be unable to work my pre-assigned time it is my responsibility to find some one to work for me. No shows are considered a violation and will result in my child's ability to play in scheduled games.

Child's Name _____ Date: _____, 2011

Parent/Guardian _____ (Printed Name)

_____ (Signature)

I am interested in Coaching or helping to coach a team for the 2011-2012 season _____

Return to: Lisa M Miller
145 Evergreen Road
Trafford PA 15085

Office use only - Registration fee check # _____ or cash _____ CYO Sports Physical Form _____