

PLAYER NAME _____
 DOB _____ AGE _____
 ADDRESS _____
 HOME PHONE _____ CELL _____
 CITY _____ ZIP _____
 SCHOOL _____ GRADE ____ SEX M F
 T-shirt size? (Child) Small _____ Medium _____ Large _____ or
 (Adult) Small _____ Medium _____ Large _____ XL _____
 ** If you would like to order yourself a team shirt for the adults please
 indicate the size you would like. Please add \$12.00 dollars
 Beginning in December and ending in early February
Sponsor-\$100.00 (please see back) _____
 EMERGENCY CONTACT INFORMATION
 Player's Guardian _____ Ph _____
 WORK PH# _____ CELL# _____
 Employer _____ Ph# _____
 Address _____
 Physician _____ Ph# _____
 Health Insurance Co _____ Policy# _____

Parent or Guardian Authorization and Waiver of Liability

For and in consideration of the above child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estevez, as Bishop of St. Augustine, a corporation sole, Bishop Felipe J. Estevez, individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment

SIGNATURE OF PARENT OR GUARDIAN

DATE

*****Email (print):** _____

Please Note: All attempts will be made to divide teams equally according to player's age, ability and experience.

*NO team requests. Evaluations will be done during PE class for Assumption Students

Cost is \$80.00 – includes a team t-shirt with number

**Make checks payable to: Assumption Catholic Church
DATES TO REMEMBER**

Registration starts – November 1st

Registration ends – November 19th

Season starts – Early December .

*** This will count towards service hours needed at Assumption**

Head or Asst. Coach _____(name)

Referees _____(name)

No experience necessary for all Volunteer positions

All Coaches must complete Protecting God's Children course and finger printing must be done by Live Scan

**Return registration form to Assumption School office or mail to:
Tony Polster – Athletics-
2431 Atlantic Blvd Jacksonville, FL 32207**

If you have any questions please do not hesitate to call Coach Tony Polster at 398-1774 ex. 209 or email at Apolster@assumptionjax.org.

Each team will play 8 games & mostly on Friday's

*****ALL 4th-8th grade boys and girls will practice Tuesday nights
(4th grade girls are in division 2 coed division not on Tues)**

5th-8th grade girls will practice Tuesday's at 5:00 (Division 4)

4th-6th grade boys will practice Tuesday's at 6:00 (Division 3)

7th & 8th grade boys will practice Tuesday at 7:00 (Division 5)

Dear Potential Sponsor:

The goal of the Assumption Athletic Association's Fall/Winter Basketball League is to promote athletics and sportsmanship in a positive learning environment.

We provide basic instructional skills through a group of parent volunteers. Team Sponsors are also needed to make the program work. The sponsorship fee is \$100.00 per team.

The sponsors name will go on the t-shirt and sponsorship board
To sponsor a team, please return the form with your check made out to: Assumption Catholic Church

Name of Business: _____
(Business Name is placed on sponsor recognition board)

Address: _____

Contact Person _____

Contact Phone _____

Name of Group/Business to be displayed on the back of t-shirt:

Please indicate if there is a particular team or individual you wish to sponsor:

*Team/Age Group _____

*Individual's Name _____

On behalf of the AAA, thank you for your interest in our youth basketball program. If you have further questions, please feel free to contact Tony Polster at 398-1774 ex 209 or apolster@assumptionjax.org



ABL

Assumption Basketball League

4th Grade Boys Only
5th-8th Grade Boys & Girls

Winter 2019-2020