



## St. Thomas More Girls CYO Basketball Sign Ups 2008-09 School Year

The girls' CYO season starts in August 2008.  
Girls entering grades 3 through 8 for school year 2008-09 and actively attending PSR or enrolled in the school are eligible to play.

Extracurricular activities are a valuable part of the entire education of each student. However, participation in extracurricular activities should be maintained and supported by academic standards. It is the responsibility of the parent to ensure that students maintain high academic standards while also pursuing extracurricular activities that contribute to a well-rounded education.

Cost: \$40 participation fee + \$35 one time Booster fee per family per school year.

Deadline: Monday, May 12, 2008 for both school and PSR families.

Practices start in early August, games begin in early September and the post season is wrapped up by the end of November.

### **REGISTRATION INFORMATION**

Childs Name: \_\_\_\_\_ 2008-09 Grade: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Please enclose payment made payable to STM Boosters with Registration.**

*Complete registration will include STM Waiver along with payment.*

\*\*\* Return registrations to Nick Robinson c/o Katie grade 7S.

All coaches (whether returning or new) must submit an application to the Booster President by May 9, 2008. Coaches must meet all Archdiocesan volunteer requirements. Call Brian Jones @ 753-8319 for details.

Additional copies of sign ups can be found in the Cardinal section of the parish website at [www.sttm.org](http://www.sttm.org) or on Edline in the Boosters section.

**Good Luck Cardinals!**

# ST. THOMAS MORE ATHLETIC BOOSTERS CLUB

## AGREEMENT AND RELEASE OF LIABILITY (With Consent of Parent or Guardian of Minor)

DATE \_\_\_\_\_

NAME OF PLAYER \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

I acknowledge that the sports of cheerleading, basketball, baseball, softball, and volleyball (the "Sports") can be dangerous activities involving many risks of injury. I further acknowledge that the St. Thomas More Athletic Boosters Club is a non-profit corporation formed to advance league play of the Sports, the efforts of which directly benefit the player listed above. I, in consideration of the acceptance of me by the St. Thomas More Athletic Boosters Club as a parent of a participant in this association, do for myself, my heirs, assigns and personal representatives, hereby waive, release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against the St. Thomas More Athletic Boosters Club, the agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by the player listed above directly or indirectly in connection with his or her participation in any of the Sports during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and the St. Thomas More Athletic Boosters Club and that the terms hereof are contractual and not a mere recital. The player listed above has no known physical or mental condition that would impair his or her capability for full participation as intended and expected of him or her (except for \_\_\_\_\_.)

I agree to properly care for the uniform that is issued to the player listed above. Also, I understand that it is my responsibility to return the uniform immediately after the season. Failure to do so will mean that I will be responsible for paying the St. Thomas More Athletic Boosters Club the sum of \$50.

I also agree to help with the selling of the concessions when called upon to do so.

I, as parent of guardian of the Student, represent to the St. Thomas More Athletic Boosters Club that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf of my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

CYO ATHLETICS  
AGREEMENT AND RELASE OF LIABILITY

(With consent of Parent or Guardian of Minor)

DATE \_\_\_\_\_

NAME OF PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARISH/SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

I acknowledge that participating in the sports of basketball, baseball, football, softball, track and volleyball (the "Sports") can be dangerous activities involving many risks of injury. I further acknowledge that Catholic Youth Sports Organization, Inc. (the "CYO") is a non-profit corporation formed to advance league play of the Sports, the efforts of which directly benefit me. I, in consideration of the acceptance of me by the CYO as a participant in a sports league release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against the CYO, the parish/school listed above, or their respective trustees, officers, employees, coaches, agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by me directly or indirectly in connection with my participation in any of the Sports during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and the CYO and that the terms hereof are contractual and not a mere recital. I currently have no know physical or mental condition that would impair my capability for full participation as intended and expected of me (except for \_\_\_\_\_).

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OF GUARDIAN OF A MINOR: I, as parent or guardian of the Student, represent to the CYO that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf on my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE \_\_\_\_\_