

The Church of the Holy Resurrection-Brookville

1400 Cedar Swamp Road

Brookville, NY 11545

516-671-5200

Player Registration & Parental Consent Form

Competition Year: 2011

Please check Division:            Girls\_\_\_\_\_ Boys\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Medical Insurance & Policy #: \_\_\_\_\_

Allergies:     Yes\_\_\_\_\_ No\_\_\_\_\_     If Yes, describe \_\_\_\_\_

Other Medical Problems: Yes\_\_\_\_\_ No\_\_\_\_\_     If Yes, describe \_\_\_\_\_

As a parent or guardian of the above –named player, I am familiar with his/her wishes to participate in the Basketball Program of The Church of the Holy Resurrection-Brookville.

I assume all risks and hazards incidental to the conduct of such athletic activities and hereby release, indemnify, and hold harmless the Greek Orthodox Archdiocese, the church and community for which my son/daughter will be playing for, the Clergy, Officers, Directors, Coaches, and Members.

I have read the above and understand and agree with the terms.

\_\_\_\_\_  
Signature of Mother/Guardian & Date

\_\_\_\_\_  
Signature of Father/Guardian & Date