

# OLQP - UNIVERSAL REGISTRATION FORM - ALL SPORTS

*\*\*Special Notes on Registration\*\**

**Basketball Only \*\*\* ALL FEES ARE TO BE PAID WITH SEPARATE CHECKS  
All CYO participants are required to play in the Olympic League**

**CYO Basketball (prices exclude high school teams)**

**\$190.00 first child, \$170.00 second & third child**

**\$100.00 Team Night deposit per child**

**Uniform (if needed) purchased at Soccer Post**

**Copy of the child's birth certificate if no prior CYO Basketball participation**

**Copy of OLQP church envelope**

**Olympic League**

**\$75.00 first child, \$50.00 second & third child**

|                |                          |                    |                          |
|----------------|--------------------------|--------------------|--------------------------|
| BASKETBALL CYO | <input type="checkbox"/> | BASKETBALL OLYMPIC | <input type="checkbox"/> |
| SOFTBALL       | <input type="checkbox"/> | BASEBALL           | <input type="checkbox"/> |
| CHEERLEADING   | <input type="checkbox"/> | SWIMMING           | <input type="checkbox"/> |
| GOLF           | <input type="checkbox"/> | TRACK              | <input type="checkbox"/> |

|  |  |  |  |
|--|--|--|--|
| CHILD'S NAME                             |  | BIRTH DATE                               |  |
| <input style="width: 90%;" type="text"/> |  | <input style="width: 90%;" type="text"/> |  |
| ADDRESS                                  |  | ZIP CODE                                 | TELEPHONE                                |
| <input style="width: 90%;" type="text"/> |  | <input style="width: 80%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| SCHOOL                                   | PARISH                                   | GRADE                                    |  |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |  |
| FEMALE <input type="checkbox"/>          |  | PARENTS E-MAIL ADDRESS                   |  |
| MALE <input type="checkbox"/>            |  | <input style="width: 90%;" type="text"/> |  |

DID YOUR CHILD PARTICIPATE IN THE PROGRAM LAST YEAR? Y  N  YEAR BEFORE? Y  N

DOES THE CHILD HAVE ANY PHYSICAL OR MEDICAL HANDICAP? Y  N

IF YES, PLEASE EXPLAIN

FATHER'S NAME  MOTHER'S NAME

EMERGENCY CONTACT PERSON

EMERGENCY CONTACT NUMBER

**IN WHAT CAPACITY WILL PARENTS HELP THE PROGRAM:**

WOULD YOU BE INTERESTED IN COACHING? Y  N  IF YES, WHICH SPORT?

WHICH TEAM?  BOYS  GIRLS

WOULD YOU BE INTERESTED IN BEING A REFEREE, SCORER or TIMER? Y  N

I hereby give permission for my son/daughter to participate in all program activities and be subject to all program rules. I voluntarily waive any claim against members of this program, its directors, volunteers and the sponsoring institution (Our Lady Queen of Peace) for all and any causes that may arise in connection with the activities of this program. I certify to the best of my knowledge that my child is in good health and having no physical defect which would prevent his/her participation in this activity. (Please indicate any condition which might affect active participation.)

**PARENT'S CONSENT** \_\_\_\_\_

**For League Use Only**

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Fee Collected by \_\_\_\_\_