



# 2015 CCSL Basketball – Player Registration

Registration: Sunday, January 4<sup>th</sup>

(After January 4<sup>th</sup>, player will be placed on a waiting list)

**Office Use Only**

Signatures: Y N

ID: Y N F

MOP: Cash Check: # \_\_\_\_\_

Amt Pd: \_\_\_\_\_

Date: \_\_\_\_\_ Init: \_\_\_\_\_

Amt Pd: \_\_\_\_\_

Date: \_\_\_\_\_ Init: \_\_\_\_\_

Size & #: \_\_\_\_\_

Bracket-B/G: \_\_\_\_\_

Team: \_\_\_\_\_

**PLAYER INFORMATION (print clearly):**

Player Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (on 5/1/2015) \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Chaldean Church you attend (Home Parish): \_\_\_\_\_

**EMERGENCY INFORMATION:**

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**AGE BRACKET & SPORT (Circle One):** NOTE: Age brackets are based on players' age on May 1st, 2015.

*Boys*

MS (ages 10-12)

JV (ages 13-15)

V (ages 16-18)

*Girls*

MS (ages 11-13)

V (ages 14-18)

**JERSEY SIZE:**

I don't need one:

Current Number: \_\_\_\_\_

Youth:

XS

M

S

L

Adult:

S  XL

M  2XL

L  3XL

**PLEASE LIST YOUR 2013 BASKETBALL COACH (if applicable)**

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

**COACHES NEEDED:**

Coaches and assistants are essential to the success of this program! Are you or someone you know interested in coaching?

Please Contact Priscilla Stephan ASAP: [prstephan@comcast.net](mailto:prstephan@comcast.net); 248-225-1980

**I understand and agree that:**

My child is **NOT guaranteed** to be assigned to a specific team with his/her relatives/friends.

My child is **NOT guaranteed** placement on any team if this registration form is received after the registration deadline.

The assignment of my child to a team is at the discretion of the CCSL and is **FINAL**.

Player Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## CHALDEAN CHURCH SPORTS LEAGUE (CCSL) PERMISSION SLIP

Player Name \_\_\_\_\_

Anyone who wishes to participate in CCSL programs must complete this form. The CCSL is not responsible for payment of and medical or other related expenses incurred while playing in the sports league. Families are required to have proper medical coverage on those players who participate in CCSL program. A **separate** permission slip must be signed for each participant who wishes to participate in any CCSL activity.

Dear Parent/Guardian – Please answer the following questions:

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Has your child experienced A loss of consciousness during the last year? If yes, explain                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced A blow on the head?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced Convulsion?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced a strained muscle within the last three (3) months? If yes, when?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced A severe bruise? If yes, when and what body location.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced any recurrent or chronic illness? I.E., Epilepsy, Diabetes, Heart Murmur, etc... | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced an infectious Mononucleosis, Lyme Disease, or Tuberculosis?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever been diagnosed of asthma or does your child require the use of an inhaler of any kind?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any allergies? If yes, please list them all.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child require the use of an Epi Pen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced any disease or injury to any part of the body? If yes, explain.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever experienced A bone fracture: What bone? _____ When? _____                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced A recurrent knee injury? Left _____ Right _____                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child experienced a recent illness (other than a cold) _____                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever had any surgeries? If so, when and for what.  | <input type="checkbox"/> | <input type="checkbox"/> |

The information in this permission form is provided "as is" and without warranties of any kind, either expressed or implied. Chaldean Church Sports League, also referred to as CCSL, disclaims all liabilities expressed or implied, including, but not limited to, implied fitness or care of participants, volunteers, or organizers.

Participants, parents, or guardians hereby indemnify, defend and hold the CCSL its organizers, volunteers, affiliates, parent and members (collectively, the "indemnified parties") harmless from and against any and all liability and costs incurred in connection with any claim arising out of injuries, fees, medical expenses, breach of this agreement or the foregoing representations and covenants, including, without limitation, reasonable attorneys' fees. Participants, parents, or guardians agree to use all best efforts to cooperate with CCSL in the defense of any claim. CCSL reserves the right to assume the exclusive defense of the organizers, volunteers, participants, affiliates, parents, or members.

Under no circumstances, including, but not limited to, negligence, shall CCSL be liable for any special or consequential damages that result from the participation of a CCSL organized event. This agreement shall be governed by and construed in accordance with the laws of the State of Michigan, without giving effect to any principles of conflicts or law. If any provisions of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

I have read the attached information, and I hereby give permission to my child to participate in the Chaldean Church Sports League Programs. I know of no illness or condition, which would restrict him/her from participating fully in the CCSL. Should any illness or condition occur, I will promptly notify the CCSL to withdraw my child from participation. I realize the risks involved and that there is the possibility of injury and in extreme cases permanent disability or loss of life and hold CCSL harmless of the responsibility and risks.

\_\_\_\_\_  
Signature of Player or Parent if Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name