Diocese of Metuchen Office of Youth & Young Adult Ministry

Intramurals 2021/2022 Player Registration Form

Player's Information

Student Name:		Age:
	Grade	
Parent / Guardian		
Phone - Home ()	Cell ()	Work ()
Paren	nt's Email Address:	
Address		
City / State / Zip		
		ne: ()
Health Insurance Company:		
Policy Number:	Policyholder Name:	
Doctor's Name:	Doctor's Phone #:	
Hospital Preference (in case of em	nergency):	
	IMPORTANT	
I consent to my child,	y child and I will abide by the rules and regulates.	child"), participating in the Holy Savior ions of the Diocese of Metuchen, its affiliated
parish and/or school, the Diocese of staff and adult supervisors) arising of	out of, related to, or connected in any way with ed from any accident or injury sustained by my	gents and assigns (including, but not limited to, the above described activity including, but not
Name:	Player: Print Name of Parent/Guardian Print Player's Name	e
	Signature: Signature of Parent/Legal Guardian Player's Signature	
Date:	Date:	

SIGN <u>BOTH</u> SIDES OF THIS FORM. INCOMPLETE FORMS WILL MAKE PLAYER INELIGIBLE TO PLAY.

REGISTRATION FORMS <u>MUST BE SUBMITTED PRIOR TO THE BEGINNING OF THE BASKETBALL</u>
<u>SEASON</u> FOR PARTICIPANT TO PLAY.