

# ***OLOL FALCON ATHLETIC ASSOCIATION***

## ***REGISTRATION FORM***

**2010-2011**

PLEASE NOTE THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS REGISTRATION FORM FOR YOUR CHILD(REN). In order for your child(ren) to participate in the sports program listed below, you will need to identify whether you will be a participating family, thereby choosing to participate in our fundraising activities OR a non-participating family, thereby choosing NOT to participate in our fundraising activities, and paying a fee of \$150.00. Our fundraising activities consist of working a MINIMUM of two (2) Rutgers football game at their concession stand. Please contact Joe Diehm for the game dates. This is less than in previous years due to the fact that the entire OLOL School community will be participating in this fundraising activity, with the school sharing in the fundraiser after all Falcon expenses are met. Upon selecting the dates that you will work at the Rutgers games, please be advised that they are "your" responsibility to work. Failure to meet this obligation would result in payment of the \$150.00 non-participating fee, no matter what you have previously worked or participated in. Our contract with Rutgers University (which we have had for many years) is quite specific about attendance. Non-compliance with their standards jeopardizes our partnership and our ability to raise funds. We are quite fortunate to have such a fundraiser for our children. Please note that non-participating families who have paid the \$150.00 fee may choose to work any of the games and will be reimbursed \$50.00 for each game worked. Any questions please contact Joe Diehm at (732) 331-8141.

THANKS ! GO FALCONS!!

Parent Signature \_\_\_\_\_

Athletes Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Parish \_\_\_\_\_

Participating \_\_\_\_\_ Non-Participating \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**ACTIVITIES - - CHECK ALL THAT APPLY TO YOUR ATHLETE:**

INSTRUCTIONAL BASKETBALL – BOYS & GIRLS (GR. 3 & 4) \_\_\_\_\_  
BOYS JV BASKETBALL - PARISH (GR. 5 & 6) \_\_\_\_\_

BOYS VARSITY BASKETBALL - PARISH (GR. 7 & 8) \_\_\_\_\_  
GIRLS JV BASKETBALL - PARISH (GR. 5 & 6) \_\_\_\_\_  
GIRLS VARSITY BASKETBALL-PARISH (GR. 7 & 8) \_\_\_\_\_

BIDDY, JV & VARSITY CHEERLEADING \* (GR. K-8) \_\_\_\_\_

GIRLS SOFTBALL - PARISH (GR. 5 - 8) \_\_\_\_\_  
BOYS BASEBALL - PARISH (GR. 7 & 8) \_\_\_\_\_

**OLOL SCHOOL ONLY**

BIDDY BASKETBALL (GR. K-2) \_\_\_\_\_

**FEES:**

1 CHILD / 1 SPORT	\$ 35.00
2 OR MORE CHILDREN, 1 SPORT EACH	\$ 50.00
EACH ADDITIONAL SPORT PER CHILD	\$ 15.00
LATE FEE (ANY REG. AFTER 6/30)	\$ 35.00
NON-PARTICIPATING FEE	\$150.00

**TOTAL** \_\_\_\_\_

\* Cheerleading teams will be set based on the number and age of registrants.

Please make checks payable to “ OLOL Falcons “

**O.L.O.L. FALCON ATHLETIC ASSOCIATION**  
**MEDICAL RELEASE FORM**

I hereby give permission for any and all medical attention necessary to be administered to my child \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This Release is effective for a period of (1) year from the date given below. I also assume the responsibility for payment for any such treatment.

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

In case I cannot be reached, any of the following is designated on my behalf:

\*Coach \_\_\_\_\_

\*A league rep where my child is playing

\*A tournament rep where my child is participating in a tournament

Our physician is \_\_\_\_\_

Address of MD \_\_\_\_\_

Phone # of MD \_\_\_\_\_

Medical problems/allergies \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**O.L.O.L. FALCON ATHLETIC ASSOCIATION**  
**AN AGREEMENT TO PARTICIPATE:**

- ❖ I voluntarily agree to have our child(ren) participate in the sport(s) program(s) at OLOL in Milltown, N.J. I have paid the registration fee, and have not made any false statements in my registration.
  
- ❖ I recognize and acknowledge that there is a risk that my child(ren) may become injured as a result of the participation in the sports program.
  
- ❖ We understand the rules and regulations of the Falcon Athletic Association (Guidelines provided at registration). We further acknowledge that these rules and regulations are established to provide safe and enjoyable play, and we agree to abide by the regulations.
  
- ❖ Our Lady of Lourdes Falcon Athletic Association does not offer insurance coverage through its registration fees. There is some secondary insurance provided by the Diocese of Metuchen. By participating in this program, you assume primary responsibility for any injuries.

Parent/Guardian signature \_\_\_\_\_

Athletes signature \_\_\_\_\_

Date \_\_\_\_\_