

# Asheville Catholic School

## WCCMSC Girls Basketball Registration

Asheville Catholic will participate in the WCCMSC girls basketball league this year. Play is open to girls attending ACS in grades 7-8 subject to the WCCMSC age and attendance requirements.

We will compete against teams from Immaculata, Veritas, N. Asheville Christian, Emmanuel Lutheran, and Carolina Christian.

Players may be divided into Varsity and Junior Varsity if numbers warrant.

The Registration Fee for this season is \$55 per child.

Practices will start in early November and games will be played after school both home and away. Tournaments may involve some weekend play. Players will be expected to attend all practices and games unless arrangements are previously made with the coach. Parents will be expected to help with gate and other home game assignments.

Please complete the form on the reverse side and return to the school with registration fee and copy of birth certificate if this is the first time your child has played sports at ACS.

**ALL MIDDLE SCHOOL PLAYERS MUST HAVE A SPORTS PHYSICAL FORM ON FILE IN THE OFFICE PRIOR TO PRACTICE OR PLAY.**

Please use a separate form for each child. Please make all checks payable to

**Asheville Catholic School Athletics.**

Any questions should be directed to Athletic Director

Robert Demetris – [rdemetris@yahoo.com](mailto:rdemetris@yahoo.com) or 828.273.8521

**DEADLINE FOR REGISTRATION is :**

**FRIDAY OCTOBER 28, 2011**

**Absolutely no late forms will be accepted unless players are needed in order to form a team.**

*Players must be students at Asheville Catholic School.*

*Please submit copy of birth certificate if this is the first time your student has played sports at ACS*

## 2011-2012 ACS GIRLS BASKETBALL REGISTRATION WCCMSC

Student's Name	Grade	Jersey Size (YM, YL, or ADULT S, M, L, XL)	Date of Birth	CELL PHONE

Parents - (Check all that you would like to do)

\_\_\_\_\_ ScoreBoard

\_\_\_\_\_ Bookkeeper

\_\_\_\_\_ Gate

\_\_\_\_\_ Team Administrator ( this person will help with communication and organization)

**Parents will be required to assist at home games with collecting admission, concessions, running the scoreboard, keeping the scorebook, set up and clean up.**

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*Your son/daughter, guardianship is eligible to participate in the athletic program sponsored by Asheville Catholic School. This activity will take place under the guidance and supervision of volunteer coaches and parents. If you wish your child to participate in this program, please complete, sign, and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your child.*

*I hereby consent to participation by my child, identified above, in the athletic program sponsored by Asheville Catholic School and held at Asheville Catholic School and held within the WCCMSC League or other facilities hosted by participating schools. I further consent to the conditions stated above on participation in this activity.*

*I give my permission for my child, in case of emergency, to be taken to a physician or hospital by either a volunteer coach, parent, or a staff member of Asheville Catholic School. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give my permission to the physician selected by the volunteer coaches and parents to hospitalize and secure treatment ( including surgery) for my son/daughter.*

\_\_\_\_\_ **(DEADLINE -**  
**FRI OCTOBER 28, 2011)**

Parent's or Legal Guardian's Signature

Date

\_\_\_\_\_

\$ \_\_\_\_\_ \*

\_\_\_\_\_

Home Telephone Number

Amount Enclosed

Check Number

\*\$55 per player payable to ACS Athletics - indicate students name(s) on check

\_\_\_\_\_

*email address*

**ACCIDENT/HOSPITALIZATION POLICY INFORMATION**

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**Policy Name**

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**Policy Number**