

Asheville Catholic School

ABYBL Boys Basketball Registration

Asheville Catholic will participate in the ABYBL boys basketball league this year.
Play is open to boys attending ACS in grades K-6 subject to the
ABYBL age and attendance requirements.

We will compete against teams from Oakley, East Asheville, Fairview and Emma,
Players may be divided into multiple teams if numbers warrant.

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

Practices will start in November and games will be played in the evening and on
Saturdays both home and away. Players will be expected to attend all practices and games
unless arrangements are 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. **ALL 6th GRADE 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 please contact ACS athletic director:
Leslie LeBlanc at 230-8775 or lleblanc29@gmail.com

Deadline for registration is **OCTOBER 7, 2010.**

**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 birth certificate if you haven't already done so this school year.*

ACS BOYS BASKETBALL REGISTRATION

2010 – 2011

ABYBL

Student's Name	Grade	Jersey Size Youth M, L or Adult S, M, L, XL	Date of Birth	Cell PHONE NUMBER

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

_____ Coach _____ Assistant Coach _____ ScoreBoard _____ Bookkeeper

_____ **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.

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 other facilities within the ABYBL 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.

Parent's or Legal Guardian's Signature

Date

Home Telephone Number

\$ _____ *

Amount Enclosed

Check Number

*indicate student's name(s) on check

E-mail address

\$55 per player payable to ACS Athletics

ACCIDENT/HOSPITALIZATION POLICY INFORMATION

Policy Name

Policy Number