



Saint Maximilian Kolbe Catholic Church

2017 Girls' Basketball Registration – St. Max Boosters

Registration due date – October 15, 2017

Please clearly print all information on this form EXCEPT where a signature or initials are required. The information from this form is used to complete GCCYS team registrations.

Child (ren) Name	Grade	School	Parish	Birth Date	T-Shirt Size	Basketball Fees
						\$80.00
						\$80.00

- _____ To be eligible the participating child must be a registered Catholic parishioner and successfully enrolled in the 2017-18 religious education program at their parish or be attending a Catholic elementary grade school. By initialing the adjacent box, I acknowledge that my child(ren) meet(s) eligibility requirements.
- **By signing below, you have read and understand the Code of Conduct for both athletes and parents that can be found in the St. Max Boosters Handbook and agree to comply with the Code.** The St. Max Boosters Handbook can be found at <http://www.saint-max.org/ParishLife/Boosters.aspx> .
- Our programs are always in need of Head Coaches and Assistant Coaches. All adults who work with children at St. Max need to be fingerprinted and attend a VIRTUS Child Protection Workshop. Information about VIRTUS can be found on the Booster's website. Only after your approval through St. Max can you coach. Thank you for helping with our program.
 - _____ By initialing the adjacent box, you indicate willingness to volunteer as a Head Coach or Assistant Coach but need to attend a VIRTUS Child Protection Workshop first.
 - _____ By initialing the adjacent box, you indicate willingness to volunteer as a Head Coach or Assistant Coach and have previously completed the VIRTUS Child Protection Presentation and the records are on file in the parish office.
 - _____ By initialing the adjacent box, you indicate that you have previously completed the VIRTUS Child Protection Presentation and the records are on file in the parish office.

Parent Names: _____

Phone: _____

Address: _____

Email: _____

Parent Signature: _____

Date: _____

Mail this completed form and check payable to St. Max Boosters to: St. Max Boosters – 5720 Hamilton-Mason Road – Liberty Township, OH 45011
 For questions, please contact Robin Burbrink: rburbrink@saint-max.org