



... a step ahead in scholarship, service, community and message.

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BASKETBALL PARTICIPATION FORM 2017- 2018

If your child is interested in participating in basketball, please fill out the following participation form and turn in other required materials. Please return **one form per participant** as soon as possible, but no later than **Thursday, November 2nd**.

Participant's Name: _____ Grade _____

Please initial each item to acknowledge your understanding.

_____ My son/daughter **will** participate in this year's basketball program, and I understand that the **fee is \$185 per player and will be charged to my FACTS account.**

_____ I have provided the required medical documentation.

• **All players in 6, 7, and 8th grades** must have their current physical exam on file on the specific **Pre-participation Physical Forms.**

This form can be found at <http://www.ambs.org>

- click **Student Life**
- click **Sports**
- click **PreParticipation Physical Evaluation** (which must be completed by the physician).

OR

• If your child's physical exam was completed more than 90 days prior to the first day of practice, a **Health History Questionnaire** must be completed if you haven't done so already (**attached**).

Over please →



The Academy of the Most Blessed Sacrament, motivated by the love of Christ, ensures that each student receive a superior education in a caring Catholic environment. Committed to the pursuit of excellence, students are guided through a personal journey of faith, education and service in order to reach their God given potential to become individuals capable of living in a changing and complex society.



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I have also provided the sign-off form for the Sudden Cardiac Death in Young Athletes for all players in 6, 7, and 8th grades.

The pamphlet can be found at: <http://www.ambbs.org>

- click Student Life
- click Sports
- click Sudden Cardiac Death in Young Athletes Pamphlet

I understand my child may lose the right to participate if they are in violation of the AMBS Discipline Policy, which is listed in the *AMBS Parent/Student Handbook*.

I have read and understand the attached players, coaches, and spectators Code of Conduct Agreement (pp. 15 and 16) and signed Enforcement page 17 acknowledging that I/we will abide by the *Archdiocese of Newark Athletic Guidelines for Elementary Schools*.

I understand these forms must be returned in order for the participant to start practicing and that exceptions cannot be made regarding these policies.

Parent's Signature: _____ Date: _____

Emergency
Phone: _____

Email: _____

Thank you for your time, attention, and cooperation.

Sincerely,

Dawn Brizzolara

Athletic Director

dbrizzolara@rcmbs.org

Cc: Dr. Thomas Altony, Ed. D., Principal

Please print the following:

Your Name : _____

Cell: _____

Home: _____

Email Address: _____

_____ I am interested in coaching this year and have or will obtain all required documents:

- Protecting God's Children* certificate
- Volunteer application
- Background check
- Signed Code of Conduct Agreement

Please indicate grades levels and genders you would be interested in coaching (you may choose more than one grade level or gender):

_____ 3/4 boys _____ 3/4 girls _____ 5/6 boys _____ 5/6 girls _____ 7/8 boys _____ 7/8 girls

Please indicate your preference for coaching:

_____ Coaching _____ Assistant Coaching _____ No preference

