

**ST. NECTARIOS ATHLETIC PROGRAM  
2009 – 2010 BIDDY BASKETBALL  
REGISTRATION and WAIVER OF CLAIM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_ Fee Paid: Check \_\_\_\_\_  
(3-6) Cash \_\_\_\_\_

Parent Names: \_\_\_\_\_ Uniform Size: \_\_\_\_\_  
Father Mother (Child Small -Adult L)

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**REQUIREMENTS FOR PARTICIPATION IN THE BIDDY BASKETBALL PROGRAM**

- (1) Must be in grades 3-6.
- (2) Register and attend Sunday School.
- (3) Be active in the Youth Program **and** attend at least 1 meeting per month.
- (4) Parents of participants **MUST** be Stewards in good standing of St. Nectarios Greek Orthodox Church.
- (5) Payment of \$50.00 Registration Fee.

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**Waiver of Claim/ Consent**

I/We the parent(s) or legal guardians of the child above, give our consent and approval for his or her participation in any and all activities of the **Saint Nectarios Athletic Program (SNAP)**. In consideration of our child's acceptance for participation in said activities on behalf of the child above and ourselves, our successors and/or assigns, we hereby agree to release and discharge the St. Nectarios Greek Orthodox Church, its clergy, directors, officers, employees, coaches, servants and agents, without regard to any negligence on their part, from any and all claims, demands, actions, causes of action, damages, compensation or otherwise which we may ever have against any of them for, or on account of, by reason of or arising in connection with any such athletic programs, sporting events or in connection with any travel associated with or required by their participation in such athletic programs or sporting events and hereby waive any and all such claims, demands, actions and causes of action. The undersigned parent or guardian hereby consents and gives his or her authority to obtain medical care and treatment of any and all injuries sustained by our child as a result of participation in **SNAP**.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_