

ST. GEORGE GREEK ORTHODOX CATHEDRAL
650 HANOVER STREET
MANCHESTER, NEW HAMPSHIRE 03104-5306
TELEPHONE: 603.622.9113

BASKETBALL LEAGUE – PLAYER PARTICIPATION FORM

2025-2026 Season

Player Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone No. _____

Father's Name: _____ Mother's Name: _____

Father's Cell _____ Mother's Cell _____

Email Address: _____ Email Address: _____

Age _____ Birth Date _____ Grade _____ School Name _____

Parents are members in good standing at (list church) _____

Do you play on any other team (list) _____

INJURY DISCLAIMER

I agree to release, indemnify and hold harmless the St. George Greek Orthodox Cathedral, its constituent organizations, including but not limited to the coaches of the team of St. George from any and all liability for personal injuries or property damage or death to my child/ward that arises in any way from participation in the Athletic Program activities, including but not limited to transportation to or from these activities including all liability that results from the alleged negligence of any person or cause. Furthermore, I agree to have my child treated for emergency medical or dental problems that should result from injuries received, providing treatment is advised by a licensed physician or dentist. I accept full responsibility for all costs related to such emergency treatment.

On the lines below I have listed any medical condition, physical disability, and allergy to medicine which is relevant to rendering medical care to my child if he/she needs emergency medical care.

I understand that photographs of my child may be taken and used for publicity and/or newspaper articles. If you do **NOT** want your child's photograph used, please notify the coach in writing.

Signature - Parent/Guardian _____ Date _____

For Office Use Only:

Paid in Full Yes _____ No _____ Date Paid _____ / _____ / _____