



# Commemorative R.O.S.E., Inc.

(A non-profit organization)



## CONSENT

Dear Custodial Parent(s)/Guardian:

Commemorative R.O.S.E., a special volunteer group is sponsoring a Youth Summer Basketball program for youth's grades 4<sup>th</sup> through 12<sup>th</sup>. The main purpose of this program is to provide a structured activity for students during the hours of 5pm – 9pm. Our intent is to enhance the youth's self-esteem, self-discipline, confidence, decision-making skills, and sense of responsibility to ones' peers as well as the community. In addition, we will place special emphasis on leadership, teamwork and sportsmanship. If you wish your child to participate in this enrichment program please complete and return this Consent form and the attached Health History Record Form.

My child \_\_\_\_\_ has permission to participate in the Youth Summer Basketball Program, to include all games, practices and special scheduled events sponsored by Commemorative R.O.S.E. Both I and my child by signing and dating this document below hereby, for myself, my heirs and assigns, my executors, and administrators, hereby waive and/or release any and all rights and claims which I may have now or forever against Commemorative R.O.S.E. or their officers and/ or members, or their special volunteer group and/or members, for any damage, accidents or injuries that me or my child may have suffered or incurred as a result of participating in the above program or traveling to or from games. Both I and my child agree to adhere to all rules and regulations set forth by Commemorative R.O.S.E. and the individual rules set forth by those that will be supervising my child. Both my child and I understand failure to adhere to said rules might result in disciplinary measures deemed appropriate by Commemorative R.O.S.E. or special volunteer members. I also acknowledge that the above waiver as stated also applies to my child above named who is within my legal custody and who may not have reached the age of majority.

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Male / Female \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

If I cannot be reached in the event of an emergency, I authorize the following person(s) to act in my behalf:

Name	Address	Phone	Relation to Child
_____	_____	_____	_____

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child / Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Shirt Size** Youth: S M L Adult: S M L X XX XXX (xx & xxx Cost extra)

**Jersey Number:** 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

**A \$50.00 registration fee (until May 12<sup>th</sup>) is required to help pay for t-shirts and other expenses. After May 12<sup>th</sup> the registration fee increases to \$65.00. Make checks payable to: Commemorative ROSE Inc.**