2024 SEASON

REGISTRATION

By Mail-Send completed application to 1712 Spruce, Pueblo, CO 81004. Those participating who did not play last season, must also send a photocopy of their 2022-2023 school report card.

E-mail-<u>registrations@FatherPowers.org</u>. Registration forms may be sent to participants through email but returned to 1712 Spruce St. Pueblo, CO 81004.

Website-<u>www.FatherPowers.org</u>. Find weekly scores/standings, frequently asked questions and answers, contact information, league rules and registration forms. **Online registration begins September 1**st.

Deadline for registration will be October 7th. Mailed registrations must be post-marked no later than October 7th, unless arrangements have been made. Depending on number of teams, deadline may be extended.

John Neumann and Shrine of St. Therese may register through their school or parish.

One registration form per participant.

Players must be registered in a Catholic parish and/or enrolled in a Catholic/Privste School, and attending Religious Education classes is strongly encouraged.

League general manager may combine players from different parishes if one parish does have enough players and another parish has openings.

LEAGUE BREAKDOWN (coaches may move a player up one division)

A Division 7^{th} and 8^{th} grade boys and girls **C Division** 2^{nd} - 4^{th} grade boys and girls

League play starts Tuesday, November 5th. ALL games will be held at STEM (Roncalli) Middle School

Mandatory Coaches' meeting is Saturday October 19th at 7:00 p.m. in the Fr. Powers Office (1725 Spruce St.). Inside and to the right of Parish Hall St. Francis Xavier Church. Coach, Assistant Coach, or Team Representative is strongly encouraged to attend.

For questions or information call Jamie Vigil 250-6630 or email registrations@FatherPowers.org

Please fill out and return to: **Father John Powers Memorial Basketball League, Inc.** 1712 Spruce Pueblo, CO 81004

REGISTRATION FORM

Last Name	_First	MI
Address	City	Zip
□ M □ F Grade School		
Catholic Parish/School You Will Play For		
Catholic Parish Registered In		
Registered in Parish Under What Name? First Last		
Father's/Legal Guardian Name		
Home #C	ell #	
Email (optional):		
Mother's/Legal Guardian Name		
Home #C	ell #	
Email (optional):		

Please list any concerns we may need to watch for with your child (medical issues, etc.):

NOTE: For this to be a valid registration, the release form on the reverse side of this form must be filled out.

FATHER JOHN POWERS MEMORIAL BASKETBALL LEAGUE

This document releases the Father John Powers Memorial Basketball League, Inc., a non-profit Colorado Corporation hereinafter referred to as the League, its officers, its members, all coaches and assistants, all officials and all persons and other organizations involved in the League program from all liability or responsibility for any and all injuries sustained by your child while participating in or in anyway related to the League program, and requires that you pay all judgment rendered and expenses of defending, including attorneys' fees, any suit, or claim brought by or on behalf of your child at a later date.

READ CAREFULLY BEFORE SIGNING

WHEREAS we are the parents or legal guardian of the below-named child and wish him/her to participate in the League program sponsored by the League because we feel he/she will greatly benefit from this program and

WHEREAS, we understand that if he/she sustains any injury while participating in this League program, or in any way related to the program, we will not attempt to blame or hold the League, its members, agents, workers, employees, coaches, assistant coaches, and officials responsible, we will pay all judgments rendered and sums expended in defending (including attorneys' fees) any suit or claim brought against thereby or on behalf of any said child at any time.

NOW, THEREFORE, for and in consideration of the League, allowing my

son/daughter______ to participate in the Father John Powers Memorial Basketball League Program and to receive benefits therefrom, we hereby release the League, its members, coaches, assistant coaches, and officials from all claims, demands, suits and causes of action resulting from any while participating in the program or in any way related injury received by to the program, and we further promise to hold harmless, defend, and indemnify the League, its members, coaches, assistant coaches, and officials for all claims, demands, suits, and causes of action resulting from any injury received by _____

_____has been given a physical examination by WE FURTHER state that _____ a licensed Colorado physician and has been declared physically able to participate in the Father John Powers Memorial Basketball League Program.

We further state that we have read and understand the foregoing Release and Indemnify Agreement and sign it freely and voluntarily.

Signed this _____ day of _____ 2024

Father/Legal Guardian Mother/Legal Guardian

Participant

Print Name

Print Name

Print Name