



Friday–Saturday, Jan. 30–31, 2009  
Valley Catholic High School  
Beaverton, Oregon

### Team Entry Form

Please enter your team in one of the following 4 divisions.

- *Division 1:* Grades 5–6
- *Division 2:* Grades 7–8
- *Division 3:* Grades 9–10
- *Division 4:* Grades 11–12

Alternates are encouraged but must be registered and play on only one team.

**Entry forms and fees must be postmarked by  
Deadline: December 6, 2008!  
No exceptions!**

**Early-Bird Registration** (registration and fee postmarked by **November 15, 2008**): \$60.00 per team

**Registration postmarked November 16–December 6, 2008**: \$80.00 per team

**Dress Code:** Dress must be modest and appropriate for the Christian occasion.

**To Register:** Complete one form (below) **for each team**. Make copies as needed for additional teams.

1. Fill out one Youth Conduct Agreement and Parental Authorization and Release Form **for each contestant**. Failure of the student or parent to agree to the terms will disqualify the student.
2. Mail to the address below, with a check for the appropriate amount, payable to: RCChallenge. No team will be registered without payment, entry form, and Consent/Release forms completed **in full**.
3. Upon receipt of **completed** forms and payment, a confirmation letter will be sent to the Coach’s e-mail address (if provided) or by post. Incomplete forms will not be registered.

**Team Name:** \_\_\_\_\_

**Division (circle one):**     
 1                     
 2                     
 3                     
 4

(Grades 5–6)                      (Grades 7–8)                      (Grades 9–10)                      (Grades 11–12)

School or Parish Represented (if any): \_\_\_\_\_

**Coach Information**

**Student Information**

Name: _____ Address: _____  Preferred Phone: _____ Coach e-mail: _____ Cell phone (in case needed during competition): _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Name</th> <th style="width: 20%;">Grade</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;"><b>(Captain)</b></td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Grade	<b>(Captain)</b>													
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Mail entries to

**Roman Catholic Challenge, Inc.**  
**3007 NE 53<sup>rd</sup> Ave.**  
**Portland, OR 97213-2439**

*Questions? Call Paul Cieslak: 503-287-3330*  
*or e-mail: [rcchallenge@juno.com](mailto:rcchallenge@juno.com)*  
*or visit our web site: [www.rcchallenge.com](http://www.rcchallenge.com)*

Team name: \_\_\_\_\_ Division: 1 2 3 4  
(circle one) (Grades 5–6) (Grades 7–8) (Grades 9–10) (Grades 11–12)

## Youth Conduct Agreement

In consideration of being allowed to participate in this event, I hereby expressly assume all risks associated with participating in RCChallenge and related activities. I am responsible for my own health and safety. I attest that I am physically fit and able to participate in the RCChallenge, and I agree to stop and ask for help if there arise any conditions that would make it difficult or unsafe to continue. I understand that I have a responsibility to abide by RCChallenge rules and instructions provided to ensure the safety, security, well-being, and respect of myself and others. I understand that the RCChallenge, its volunteers, and representatives will not be held liable if I fail to abide by these rules or instructions.

I have read, understand and agree to the terms of this Agreement.

Participant's signature

Printed Name

Date

## Parental Authorization and Release

n.b. Lack of parental consent to the terms of this authorization will render the student ineligible to participate.

I, the undersigned, am the parent or legal guardian of the Participant listed in the Youth Conduct Agreement above, and I hereby grant my consent and permission for this Participant, a minor, to participate in any and all activities offered by the RCChallenge; and to travel to and from the competition by private transportation in the company of parents or coaches, who cannot be held responsible for any accident or injury that may occur. I release Roman Catholic Challenge, Inc., its Board members, volunteers and its representatives, of all liability and claims of whatever kind and nature (including, but not limited to, injuries and death) arising out of or resulting from his or her participation in these activities.

I, as the parent or legal guardian of the Participant listed above, hereby consent to the use of my child's photograph and name as it appears in this registration, to be used in RCChallenge promotion material, including but not limited to brochures and news articles about the competition.

I hereby authorize (name of chaperone) \_\_\_\_\_ to secure any services he or she deems necessary for my child in the event of an accident or illness. I give permission for my child to be evaluated, diagnosed, treated, and medicated by licensed medical or nursing personnel in accordance with standard practice. I understand that RCChallenge does not provide accident or health insurance coverage for my child, and I accept sole responsibility for the payment for those services.

**Division 4 only:** If my child is on a winning team, he  will  will not accept the scholarship.

I have read the foregoing Youth Conduct Agreement and this Parental Authorization and Release, and I hereby agree to its terms on behalf of myself and the Participant.

Parent's/Guardian's signature

Parent's/Guardian's Printed Name

Date

Street Address, City, State or Province, Zip or Postal code

Phone number

**Both pages of this form must be completed**

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Team name: \_\_\_\_\_ Division: 1 2 3 4  
(circle one) (Grades 5–6) (Grades 7–8) (Grades 9–10) (Grades 11–12)

## Emergency Information

Participant Name: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Please list two alternative contacts** in case we cannot reach you in the event of an emergency.

_____	_____	_____
Name of contact	Relationship to Participant	Phone number
_____	_____	_____
Name of contact	Relationship to Participant	Phone number

Coach: copy both page of this form.  
Keep original copy.  
Send one copy, along with the Team Entry Form, to

**Roman Catholic Challenge, Inc.**  
**3007 NE 53<sup>rd</sup> Ave.**  
**Portland, OR 97213-2439**

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