

ST. ALPHONSUS CYO BASKETBALL 2017-2018

Dear Parents,

Please register your children to play basketball for the St. Alphonsus CYO program. This is a great program with a long tradition of teaching children how to live the virtues that you teach them in a social setting while learning how to play basketball. It is also a great time for fellowship within St. Alphonsus Church. CYO is a ministry of the church and St. Alphonsus is very proud to consistently have three levels of teams with dedicated parents and volunteers to help with coaching. CYO basketball works parallel with your child's faith formation classes to foster a love of faith, community, and service to others.

Levels of Play: instructional teams- grades K-4

5th and 6th grade teams

7th and 8th grade teams

Fees: 1 player	\$75
2 players	\$125
3 or more children	\$160

Please turn in your signed forms and payment to the office of St. Alphonsus Church at 10 South Lewis Street. As soon as you turn these items in, you will be contacted by your child's coach to let you know when practices begin.

Thank You!

**ST. ALPHONSUS CYO
REGISTRATION FORM**

PARENT/GUARDIAN NAME(S) _____

ADDRESS: _____

TELEPHONE # home _____ cell _____

EMAIL ADDRESS(S) _____

1) CHILD'S NAME: _____

AGE: _____ GRADE: _____ DATE OF BIRTH: _____

2) CHILD'S NAME: _____

AGE: _____ GRADE: _____ DATE OF BIRTH: _____

3) CHILD'S NAME: _____

AGE: _____ GRADE: _____ DATE OF BIRTH: _____

ELIGIBILITY

In order to participate in the St. Alphonsus CYO program the following is MANDATORY:

1. You are active members of St. Alphonsus Church.
2. Your child participating in the CYO program attends a Catholic school and/or is enrolled in a Religious Education program for the current academic year approved by the Faith Formation Director at St. Alphonsus

My child/children is/are currently enrolled in _____

signature & verification of Faith Formation Director

date

Roman Catholic Diocese of Rochester

HEALTH FORM

Name of Participant _____ Phone _____

Address _____

Town/City _____ Zip _____

Date of Birth ____ / ____ / ____

Parish/Location _____

Emergency Contact _____ Phone _____

Health Insurance Company _____ Policy No. _____

Family Physician/Clinic _____ Phone _____

Please list any allergies or special needs.

Is there anything else we should know about your child?



In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.

In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of Parent/guardian _____

Phone Number _____ Date ____ / ____ / ____

ST. ALPHONSUS'S CYO
PARENT/GUARDIAN AUTHORIZATION FORM

I, the parent/guardian of a participant in the St. Alphonsus' CYO program hereby give my approval for his/her participation in any or all activities of the program during the current season.

I assume all risks and hazards incidental to such participation, including transportation to and from such activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Auburn Catholic Youth Organization (CYO) and St. Alphonsus' CYO, it's organizers, supervisors, board members, participants, coaches and persons transporting my son/daughter to and from activities and any claim arising out of an injury to my son/daughter.

I understand and acknowledge that St. Alphonsus' CYO and Auburn CYO do not provide medical insurance coverage for any injuries sustained during games and practices.

I agree to return all equipment and uniforms in acceptable condition.

I authorize the use of photography or video of my child to be used for educational and promotional purposes within the entire CYO organization.

I agree to the terms of eligibility as required by the Auburn CYO organization and St. Alphonsus' Church.

Printed Name of Parent/Guardian

Date

Signature

AUBURN CYO
PARENT CODE OF CONDUCT

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Responsibility, Respect, Fairness, Caring, and good Citizenship. The highest potential of sports is achieved when competition reflects these "Six Pillars of Character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting events.
6. I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat others players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during the game and will never question, discuss, or confront coaches at the game field, and will take time to speak with the coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
18. I also agree that if I fail to abide by aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:
 - Verbal warning by official, head coach, and/or head of the league organization
 - Written warning
 - Game suspension with written documentation of incident kept on file at the CYO board
 - Game forfeit through the official or coach
 - Season suspension

Parent/Guardian:

Print Name

Date: _____

Signature