



# St. Monica CYO Basketball Registration 2022-2023

Questions: email [tamidivers@icloud.com](mailto:tamidivers@icloud.com) or (585)-230-8287

If you or they have any symptoms of COVID-19, a positive test, or a known exposure to someone with a positive test, please remain home.

## Basketball Player's Information:

**\*Please come prepared to play basketball with shorts, sneakers, and a water bottle!**

Player's Name	M/F	Age	Grade completed	Date of Birth	Special Needs/Allergies/Dietary Restrictions/Health Concerns	School attending	T-shirt size
Basketball Grade Level: <input type="checkbox"/> 3 <sup>rd</sup> /4 <sup>th</sup> Coed <input type="checkbox"/> 3 <sup>rd</sup> / 4 <sup>th</sup> Boys <input type="checkbox"/> 5 <sup>th</sup> /6 <sup>th</sup> Boys <input type="checkbox"/> 7 <sup>th</sup> /8 <sup>th</sup> Boys <input type="checkbox"/> 3 <sup>rd</sup> / 4 <sup>th</sup> Girls <input type="checkbox"/> 5 <sup>th</sup> /6 <sup>th</sup> Girls <input type="checkbox"/> 7 <sup>th</sup> /8 <sup>th</sup> Girls							

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you registered members of St. Monica Church? Y N

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (someone other than parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

### Heath History:

List any medical conditions that might affect your child from participating in this program. Include any medications currently taking on a regular basis. If your child has a condition affection their participation in the program, you physician must provide written authorization indicating approval of their participation.

Health Insurance Company name: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

List any allergies, special needs, dietary restrictions, and health concerns: \_\_\_\_\_  
\_\_\_\_\_

List medications (prescription and/or non-prescription) currently taking – include dosage: \_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO PARICIPATE:** I, \_\_\_\_\_, give my son/daughter, \_\_\_\_\_, permission to participate in the St. Monica CYO Youth Basketball Program.

**LIABILITY RELEASE:** I understand that reasonable precautions will be taken to safeguard the health and wellbeing of participants in St. Monica CYO activities and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the CYO coaches or other volunteer or church staff member to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that myself or other legal

guardian cannot be reached. I certify that my child is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program. Neither the Diocese of Rochester nor any of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and liability for any damages suffered as a result of or relating to my child's participation in the program. My signature confirms that I have read CYO Athletics' philosophy and I give my permission for my child to participate in the program and for the Athletic Director and/or Coach to have a copy in his/her records. I hereby do release and forever hold harmless this Diocese of Rochester and St. Monica Church of Rochester from all manners of actions, claims, which I or the child named above shall or may have for any reason arising during my and my child's participation in CYO events. I acknowledge that no medical/dental insurance coverage is afforded by St. Monica Church for participating in this activity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDIA RELEASE:** I consent to allowing my and my child's image and to be recorded, either by photograph or video, to be used for promotional or publicity purposed for St. Monica Church/Emmanuel Church of the Deaf. Please check one of the following boxes:

- In conjunction with the photos or videos, I give my permission for St. Monica or the Diocese of Rochester to identify the person(s) either verbally or in writing.
- I request no identifiable information pertaining to the above-named person(s) be used in conjunction with the photos or videos.

I hereby release Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and the parish sponsor for any and all liability for any damages suffered as a result of or relating to the use of any photos or videos of my child done in accordance with the foregoing.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*\* For 3<sup>rd</sup> and 4<sup>th</sup> Grade Parents Only \*\*\*\*\***

**3<sup>rd</sup> and 4<sup>th</sup> Grade Developmental League**

Our 3<sup>rd</sup> and 4<sup>th</sup> graders will play on our Developmental League. The league will be a traveling team (meaning that the team(s) will go to other gym sites to play games). The 3<sup>rd</sup> and 4<sup>th</sup> grade teams will play in at least two tournaments during the season. For approximately the first 4 to 6 weeks, the children will learn the fundamentals of the game.

**Basketball Program Fee Policy:** ---- Full payment is due at the time of registration. No exceptions.

**Make Check Payable to:** ---- CYO/St. Monica

**Return Check Fee:** ---- \$20

**Refund Policy:** ---- Fees are NOT refundable after November 15, 2021. No exceptions.

**Administrative Use Only**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>3<sup>rd</sup>/4<sup>th</sup> Grade \$170</b> | <input type="checkbox"/> <b>Fee for Additional Sibling:</b> | <input type="checkbox"/> <b>3<sup>rd</sup>/4<sup>th</sup> Grade \$100</b> |
| <input type="checkbox"/> <b>5<sup>th</sup>/6<sup>th</sup> Grade \$180</b> | <input type="checkbox"/> Other Sibling(s) Name: _____       | <input type="checkbox"/> <b>5<sup>th</sup>/6<sup>th</sup> Grade \$140</b> |
| <input type="checkbox"/> <b>7<sup>th</sup>/8<sup>th</sup> Grade \$200</b> |   | <input type="checkbox"/> <b>7<sup>th</sup>/8<sup>th</sup> Grade \$160</b> |

**Payment Method:**     Cash     Personal Check # \_\_\_\_\_     Money Order/Cashier's Check # \_\_\_\_\_

Amount Paid	Balance Owed	Received By	Date Rec'd	Receipt No.

**ST. MONICA CHURCH POST COVID-19 CYO 2022-2023 WAIVER AND RELEASE**

I hereby acknowledge and agree as follows:

- 1. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. The virus is believed to spread through person-to-person contact, by contact with contaminated surfaces and objects, or by exposure to respiratory droplets produced when an infected person coughs, sneezes, or simply talks. The disease is more likely to be spread when people are in physical contact or close to one another (within about 6 feet). Furthermore, people reportedly can be showing no symptoms and yet be infected and therefore capable of spreading the disease. There is no known treatment, cure, or vaccine for COVID-19, and the disease can result in serious and life-threatening illness and even death.
- 2. I am fully aware that participation in St. Monica CYO activities carries with it certain inherent risks related to COVID-19 transmission that cannot be eliminated regardless of the care taken to avoid such risks. Such risks may include, but are not limited to, (1) the risk of coming into close contact with individuals, surfaces and/ or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof.
- 3. I acknowledge that while St. Monica’s has taken reasonable steps to limit the transmission of COVID-19, St. Monica’s cannot prevent me or my children from becoming exposed to, contracting, or spreading COVID-19 while participating in St. Monica CYO activities. Therefore, if I choose to participate in St. Monica CYO activities, I may be exposing myself or my child to, or increasing my or my child’s risk of, contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warnings concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and my children in order to participate in St. Monica CYO activities. I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to do so. I also accept and knowingly and freely assume for myself and my child the risk of injury and/or illness from participating in St. Monica’s CYO activities.

WAIVER OF LIABILITY and LAWSUITS: I, for myself and on behalf of my minor child, hereby release and waive my and my child’s right to bring any suit or claim against St. Monica’s and The Diocese of Rochester, including but not limited to the Bishop of the Diocese of Rochester, and all other officers, employees, volunteers and/or agents (collectively, “RELEASEES”), with respect to any and all injury, illness, disability, death, or loss or damage to person or property related to participating in St. Monica activities, whether arising from the negligence of RELEASEES or otherwise, to the fullest extent permitted by law. This release specifically includes, but is not limited to, any loss or damage related to exposure to or contraction of COVID-19. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I understand that this Waiver is intended to be as broad and as inclusive as permitted by the laws of the New York State, and that if any portion of this Waiver is held invalid, it is agreed that the balance of this Waiver shall continue in full force and effect to the fullest extent of the law.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2021

Name (printed): \_\_\_\_\_

I am the parent or legal guardian of the minor(s) \_\_\_\_\_.

I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2021

Name (printed): \_\_\_\_\_

**CODE OF CONDUCT**  
**Basketball Player and Parent / Guardian**

**I hereby pledge to live up to the following standards.**

**Basketball Player**

I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.

I will attend every practice and game and will notify my coach, if I can't.

I will do my very best to listen and learn from my coaches.

I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated the accordingly.

I deserve to have fun during my sports experience and will alert parents or coaches, if it stops being fun.

I will show respect to all opponents, shake hands and congratulate them on their performance.

I will strive to be the very best student in school.

I will remember that participating in sports is an opportunity to learn and have fun.

I will remember that improper behavior will reflect poorly upon myself, my team, my family and my community.

I will accept victory and defeat with grace and dignity.

**Parent / Guardian**

I will provide positive support, care and encouragement for my child participating in all CYO athletic events.

I will encourage good sportsmanship by demonstrating positive support positive support for all players, coaches, and officials at every game, practice or other CYO athletic events.

I will place the emotional and physical well being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will remember that the game is for youth not adults.

I will respect the integrity and judgment of the sports officials

I will do my very best to make all CYO athletic events fun for my child.

I will and will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will create an environment that is free from drugs, tobacco, alcohol, and expect adults to refrain from their use at all CYO sports events.

I understand that I represent the Catholic community through participation in the CYO Athletics Program.

Coach Name/Grade Level: \_\_\_\_\_

**X**

**Basketball Players' Signature & Date**

Coach Name/Grade Level: \_\_\_\_\_

**X**

**Parent / Guardian Signature & Date**