



# St. Monica CYO Summer Basketball Clinic: July 19-21, 2023

Free and open to grades 3-8 • 9:00 AM until 12:30 PM (lunch included)

With Ray Smith from *Next Level Hoops*

Questions: email [tamidivers1019@gmail.com](mailto:tamidivers1019@gmail.com) or (585)-230-8287

**RETURN FORM BY JUNE 29<sup>th</sup>**  
to [jessica.tette@dor.org](mailto:jessica.tette@dor.org) or mail to  
St. Monica Church  
34 Monica St. Rochester  
NY 14619

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

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

	Name	M/F	Grade	Date of Birth	Special Needs/Allergies/ Medications Needed During Clinic	School attending	T-shirt size
Child 1							
Child 2							
Child 3							
Child 4							

T-SHIRT SIZES: Youth S, M, L, XL  
Adult S, M, L, XL, 2XL

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Health Insurance Company name: \_\_\_\_\_ Are you registered members of St. Monica Church? Y N

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

**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 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 attendance of CYO events. I hereby release and hold harmless St. Monica Church from any and all liability for any and all injuries resulting from this activity.

**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 note that St. Monica Church will not associate any identifying information with the photographs or videos without contacting the parent/guardian. **I am the parent or legal guardian of the minor(s) listed above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of the Liability and Media Release.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2023