

2018-2019 Seton and Diocese of Rochester CYO Basketball Registration
FOR GRADES 3-6 GIRLS AND BOYS



REGISTRATION FORM AND FEE IS DUE BY OCTOBER 24th

SEND INTO THE OFFICE ATTN: CYO BASKETBALL

Date: _____

Participant Name: _____ Age: _____ Date of Birth: ____/____/____

Catholic Parish/School & Location _____ Grade/Sept 2018 Male _____ Female _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Parent Name (Full): _____

Parish You Attend: _____

E-Mail: _____

Basketball (please check one): 5th/6th Boys _____ 3rd 4th Boys _____ 5th/6th Girls _____ 3rd/4th Girls _____

Health History: Please list any medical conditions that might affect your son/daughter from participating in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation.

Parent/Guardian Name: _____ Relationship: _____

Day phone: _____ Evening phone: _____ Cell phone: _____

Emergency Contact (if parent is not available): _____ Relationship: _____

Day phone: _____ Evening phone: _____ Cell phone: _____

Health Insurance Co: _____

Policy #: _____

Primary Care Physician: _____ Physician's Phone: _____

Any allergies or special needs/concerns/dietary restrictions, health concerns: _____

Any medications (prescription and/or non-prescription) currently taking (include dosage): _____

Release Statement: I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

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.

I authorize the Diocese of Rochester to provide this registration form to the Athletic Director and/or the Coach and/or Coaches of my child's team.

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 release the Diocese of Rochester, Seton Catholic School and all of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and all liability for any damages suffered as a result of or relating to my child's participation in the program.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE – Diocese of Rochester/CYO Athletics/Seton Catholic School

I give permission for the Diocese of Rochester/Seton Catholic School to make use of pictures of my son/daughter for informational/advertising purposes only. Please check one of the following boxes:

- In conjunction with the photographs, slide, audiotape or videotape, I also give my permission for the Diocese of Rochester, CYO Athletics, and Seton Catholic School 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 photograph, slide, audiotape or videotape.

I hereby release Diocese of Rochester, Seton Catholic School 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 photograph, slide, videotape or audiotape of my child done in accordance with the foregoing.

Parent/Guardian Signature: _____ Date: _____

FEES

The fee is **\$100 for all Seton Catholic School students** grades 3rd-6th.
The is **\$120 for all non-Seton Catholic School students** grades 3rd-6th.
Fees should be paid now with the return of this form. Please fill out a **separate form for each player**.

Checks are payable to: **Seton Catholic School**.

COACHING VOLUNTEERS

I am interested in volunteering, please contact me:

Name: _____

Phone: _____

E-mail: _____