

2022-2032 Seton CYO Basketball Registration
GRADES 3-6 BOYS & GIRLS

*****REGISTRATION DEADLINE IS FRIDAY, OCTOBER 28*****

MINIMUM OF 8 WITH A MAXIMUM OF 12 PER TEAM

SEND INTO THE MAIN OFFICE ATTN: CYO BASKETBALL

Please fill out a separate form for each player

Date: _____

Child's Name: _____ D.O.B.: ____/____/____

Catholic Parish/School & Location: _____ Male: _____ Female: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Parish You Attend: _____

E-Mail(s): _____

Program (please check one): 5/6 Boys _____ 3/4 Boys _____ 5/6 Girls _____ 3/4 Girls _____

FEES:

The fee is **\$130 for all Seton Catholic School students** grades 3-6.

The fee is **\$150 for all non-Seton Catholic School students** grades 3-6.

Fees should be paid with the return of this form.

Checks can be made payable to: **Seton Catholic School**

SCHEDULE

***The season will run from November 1 - February 19. There will be no practice or games over Christmas break.**

All practice and home games will be held at Hoops Strength located at 1225 Jefferson Road, Rochester, NY 14623. Practices will be on Wednesday or Friday evenings between 6-8 PM and all

games will be played on the weekends. Game schedule will be released late November/early December.

COACHING VOLUNTEERS

We are currently looking for head and assistant coaches for our 3/4 boys, 5/6 girls and 3/4 girls teams.

I am interested in volunteering, please contact me:

Name: _____ E-mail: _____

Phone: _____ Interested position: _____

***All coaches must have CASE training and background check completed. Head coaches must also have First Aid/CPR/AED certification and attend mandatory coaching clinic.**

Health History: Please list any medical conditions that might affect participation in this program. Please include any medications currently taken on a regular basis. If there is a condition that will affect participation in the program, a written authorization indicating approval of their participation from the child's physician is needed.

Any allergies or special needs/concerns, health concerns:

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 of my child's team.

My signature confirms that I have read the CYO Athletics Philosophy, and I give 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 child 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) to be used in conjunction with the photograph, slide, audiotape or videotape.

I hereby release the 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: _____

Please contact our Athletic Director, Mike Demlein at **Michael.Demlein@dor.org** with any questions regarding the program.

Office Use Only

Payment: Check # _____ Cash: _____