

## St. Rose of Lima Youth Basketball/Cheerleading Registration Packet

- ✓ Athlete/Parent Contract
- ✓ Registration and Consent Form
- ✓ York Youth Basketball League Parents' Code of Ethics

~~2011/2012~~ Registration fee: **\$45.00**

### St. Rose Athletic Association Contacts:

Title	Name	Home phone	Cell	E-mail
President	Belinda Weaver	717-792-0299	717-324-6796	<a href="mailto:missb68@comcast.net">missb68@comcast.net</a>
Vice President				
Secretary	Belinda Weaver	717-792-0299	717-324-6796	<a href="mailto:missb68@comcast.net">missb68@comcast.net</a>
Treasurer	Laura Nattans	717-767-9912	717-891-1858	<a href="mailto:coanmomom@comcast.net">coanmomom@comcast.net</a>
League Coordinator	Ed Smith	717-764-7097	717-668-7753	<a href="mailto:jillned@verizon.net">jillned@verizon.net</a>
Concession Coord.				
Golf Tournament Dir	Eric Johnston	717-792-6294		<a href="mailto:johnston7@comcast.net">johnston7@comcast.net</a>
Gym Scheduling	Ed Smith	717-764-7097	717-668-7753	<a href="mailto:jillned@verizon.net">jillned@verizon.net</a>
Cheerleading	Laura Nattans	717-767-9912	717-891-1858	<a href="mailto:coanmomom@comcast.net">coanmomom@comcast.net</a>

**Please keep this page for reference**

**ST. ROSE ATHLETIC ASSOCIATION  
YOUTH BASKETBALL REGISTRATION 2011-2012**

St. Rose Youth Basketball and Cheerleading Registration sign-ups will be held through September 10. There are two methods to sign up:

1. Send an e-mail to Belinda Weaver ([missb68@comcast.net](mailto:missb68@comcast.net)) indicating your request and a registration packet will be e-mailed to you.
2. Contact Belinda by telephone (717-324-6796) and a registration packet can be mailed to you or sent home with a student.

Return completed forms (along with payment) in one of the following manners:

1. Place in an envelope marked "Athletic Association" and return to school
2. Contact Belinda by telephone (717-324-6796) to make other arrangements

**All registration must be received by: *September 12, 2011***

Registration fee is \$45. Participation is open to all parishioners of the York Deanery.

Basketball is open to girls and boys grades 3 through 8. In the event that the grade 3-4 teams have insufficient numbers to field a complete team, 2<sup>nd</sup> graders may be invited. Parents of 2<sup>nd</sup> graders who desire to have their child on a list in the event they are needed, may send an e-mail to the address above, or leave contact information by telephone.

Cheerleading squads are grades 3-6; however, we may have a cheerleading program for the K-2 grade children with limited practice and game participation. This will depend on the level of interest.

Contact Belinda Weaver ([missb68@comcast.net](mailto:missb68@comcast.net) or 717-324-6796) with any additional questions.

Diocese of Harrisburg  
Office for Youth and Young Adult Ministry  
**CONSENT FORM**

**TO BE COMPLETED FOR ALL PARTICIPANTS and SIGNED BY A PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18.**

Participant Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

E-Mail: \_\_\_\_\_

Status Options: Please check ALL that apply and indicate type or title where appropriate.

- Female
- Youth
- Priest or religious \_\_\_\_\_
- Male
- Young Adult (18 and high school graduate)
- Medical Professional \_\_\_\_\_
- Adult Chaperone
- Church employee \_\_\_\_\_

Parish: \_\_\_\_\_  
Name City Pastor

School: \_\_\_\_\_  
Name City Principal

Group Coordinator: \_\_\_\_\_

Event Name \_\_\_\_\_ Event Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Parent/Guardian if participant is under 18 Last First

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell Work

E-mail: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell Work

Allergic reactions: (medications, food, insects, etc) \_\_\_\_\_

Current Prescription Medications: (name, dosage, frequency) \_\_\_\_\_

Special medical/mental conditions: \_\_\_No \_\_\_Yes (Please describe) \_\_\_\_\_

Access Needs: (Please check appropriate boxes and/or explain special needs or concerns.)

- Wheelchair access \_\_\_\_\_
- Hearing Impaired-interpretation needed \_\_\_\_\_
- Visually impaired \_\_\_\_\_
- Mobility impaired \_\_\_\_\_
- Other \_\_\_\_\_

Diocese of Harrisburg  
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CONSENT FORM

Are there any medications that should NOT be administered to this participant? (allergies, interactions etc.)

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*If participant is under 18\*\*\*

I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, cough syrup etc.) to be given my child if deemed advisable.

\_\_\_\_\_  
Signature of participant or parent/legal guardian if participant is under 18

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

I understand and have been informed that taking part in this youth event involves the risk of injury, and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident for all participants.

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted, to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold the Diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

I am hereby advised that photographs or video of participants may be taken during this youth event and used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) I understand that if I do not wish to have photographs or video used for such publications that I must provide written notification to the Office for Youth and Young Adult Ministry. I understand that the Office has no control over the use of photographs or video taken by media that may be covering the event.

I hereby acknowledge that the above information is true and accurate. By signing below I grant consent for \_\_\_\_\_ to participate in this youth event.

In signing this document, I, \_\_\_\_\_ as a participant in a Diocesan youth event, understand and agree to abide by the Diocese of Harrisburg Office for Youth and Young Adult Ministry Code of Conduct for Youth or Adults (if applicable).

I, \_\_\_\_\_ as the parent/legal guardian of this youth participant have reviewed the Code of Conduct with my child.

I/We also acknowledge that if I/he/she has to return home early for discipline violations, it will be at my/our own expense.

\_\_\_\_\_  
Participant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature (if participant is under 18)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## St. Rose of Lima Athletic Association Student Athlete / Parent Contract

Eligibility to play on a team for St. Rose of Lima will be determined by a student athlete's behavior and academic progress.

An athlete's behavior and academic progress will be reviewed every two (2) weeks by teachers and parents, with the Pastor of St. Rose making the final judgment of the athlete's eligibility for team participation.

**Inappropriate behaviors** that may result in suspension or dismissal from a team include the following:

1. Use or possession of Drugs / Alcohol / Tobacco
2. Use or possession of Weapons
3. Stealing
4. Delinquent Behaviors
  - a. Vandalism
  - b. Profanity
  - c. Rowdiness
5. Disrespectfulness to (includes talking back, inappropriate facial gestures, inappropriate hand gestures) officials, coaches, teachers, students, parents, fans, and athletes.

**Academic Eligibility** is defined as:

1. Maintaining a "C" average.  
**OR**
2. Working to an individual student athlete's full potential as determined by the athlete's teacher, parent, and principal.

Any **unexcused absence** from a school or parish event will result in a two game suspension.

**Student athlete / parent understand and agree to the above standards concerning behavior and academics, as well as the items below concerning program administration.**

- A. Athletes playing on an "A" team will also be required to sign a York Youth League Code of Conduct form.
- B. Parents are obligated to participate in various volunteer work assignments (see page 3). Failure to comply will result in athlete becoming ineligible.
- C. St. Rose offers both an "A" and a "B" team (when sufficient number of athletes is obtained). "A" teams are competitive and play in competitive leagues. Equal playing time among players is not guaranteed. However, all "A" team players shall play in every game; again, no specific or minimum amount of playing time is guaranteed. "B" teams are more recreational and developmental, and stress equal playing time.
- D. When "A" and "B" teams are offered, tryouts will be conducted by the coaches to determine which players will be on each team. Determination will be based on results and where players stand relative to the group. Determination will not be made based upon age, grade, or prior years' status. Some athletes may not make the team that they prefer and need to be aware that this is a possible outcome of the tryout process.
- E. Parents that desire to have their child not be placed on an "A" team may do so, and should indicate this on the registration form or inform the coach prior to tryouts. A player may not move from an "A" team to a "B" team once rosters are handed in.
- F. The pastor of St. Rose will be responsible for notifying the parent and athlete of suspension or dismissal from a team. The parent, in turn, will need to notify the appropriate coaches.

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I (Athlete signature), \_\_\_\_\_, have read and agree with the above stated contract. By signing this contract, I am agreeing to accept the decisions as determined by the pastor of St. Rose.

I (Parent signature), \_\_\_\_\_, have read and agree with the above stated contract. By signing this contract, I am agreeing to accept the decisions as determined by the pastor of St. Rose.

**YORK YOUTH BASKETBALL LEAGUE**  
**PARENTS' CODE OF ETHICS**

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*YYBL exists to provide the best possible environment in which YOUTH can learn the fundamentals of the game of BASKETBALL. Good sportsmanship will be stressed as skills are taught in practice and further developed in competitive LEAGUE games.*

- + *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 respect the facilities used for practices and games, and be responsible for those under my control to do the same.*
- + *I will ask my child to treat other players, coaches, fans, and officials with respect.*
- + *I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every practice and game.*
- + *I will remember that the game is for children and not adults.*

**I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT AND  
ENCOURAGEMENT FOR \_\_\_\_\_  
(Player's Name)  
WHILE PARTICIPATING IN YOUTH BASKETBALL.**

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Parent/Guardian

Parent/Guardian

Date