



Holy Spirit Parish Youth Ministry

All are welcome!

CYO 2017

Registration Packet

To Sign Up: Return all 6 pages completed with payment

You will be considered registered when all forms/payment are turned in.
Incomplete forms and missing payments will not be accepted.

When: Registration Night-- Wed, Nov 8th

*****New format of Registration!*****

Choose a time: 5:45 – 6:15; 6:30 – 7:00; 7:15 – 7:45 PM


*Each time slot will consist of a 15 minute required PARENT meeting and
15 minute (or less) player registration*

Where: Holy Spirit Parish, Darboy Gym (W2796 Cty Rd KK, Appleton)

Special Attention: We have marked the required signature lines
in hopes of making the forms easier.

There are **8 signatures** marked with an  for parents/guardians

2 signatures needed from players marked with a 

Coaches/assistant coaches need to fill out page 7 marked with a 

Holy Spirit Youth Ministry Liability Form

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of birth: _____

Gender: _____ Grade: _____ Parent/Guardian's name: _____

Home address, City, State, Zip: _____

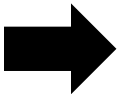
Home phone: _____ Business phone: _____ Cell Phone: _____

Email address: _____

I, _____, grant permission for my

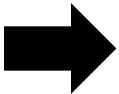
child, _____, to participate in any event organized by Holy Spirit Parish between and including the dates of July 1, 2017 and June 30, 2018. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by Holy Spirit Parish or their representatives.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Spirit Parish and its officers, directors, employees, chaperones and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Green Bay.



Signature: _____ Date: _____
(Parent/Guardian Signature – REQUIRED)

MEDIA RELEASE: This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.



Signature of Parent/Guardian _____
(REQUIRED)

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

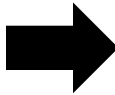
EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Child's Family doctor: _____ Phone of Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____

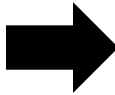
(Plan and Policy # must be filled in- thank you for your cooperation)



Signature: _____ **Date:** _____
(Parent/Guardian Signature – REQUIRED)

By completing this form, I agree that if any information submitted in this form changes between July 1, 2017 and June 30, 2018, it is my responsibility to notify the Youth Ministry Office so they can update the relevant information.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:



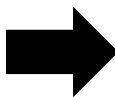
Signature: _____ **Date:** _____
(Parent/Guardian Signature – REQUIRED if taking medication)

Please check ONE of the Following:



No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.



Signature: _____ **Date:** _____
(Parent/Guardian Signature – REQUIRED)

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

You should be aware of these special medical conditions of my child:

Parental/Guardian Statement of Intent for the Use of Social Communications and Personal Representation

CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSENT AND RELEASE FORM FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS AND INDIVIDUALS AT RISK

I am the parent or legal guardian of _____ (full name of minor/individual at risk).

I certify that he/she is at least 13 years old. OR I certify that he/she is less than 13 years old.

I have been made aware of the Safe Environment Social Communications Policy & Guidelines for the Diocese of Green Bay. (Policy can be found at <http://holyspirit-parish.org/youth-ministry/>)

Permission for ministry representatives to digitally communicate with your minor/individual at risk

<input checked="" type="checkbox"/> <input type="checkbox"/> Yes, I authorize... <input type="checkbox"/> No, I do not authorize...	communication with my minor/individual at risk electronically, including via social media or other digital means, in accordance with the Safe Environment Social Communications Policy for the Diocese of Green Bay by staff ministry representatives of or diocesan-affiliated ministry representatives of the Diocese of Green Bay.
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Parental access

<input checked="" type="checkbox"/> <input type="checkbox"/> Yes, I request... <input type="checkbox"/> No, I waive...	access any communication or content involving my minor/individual at risk according to the archive, access and availability guidelines established by .
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Multimedia release

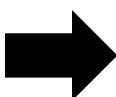
<input checked="" type="checkbox"/> <input type="checkbox"/> Yes, I do... <input type="checkbox"/> No, I do not...	authorize and consent that , the Diocese of Green Bay and anyone authorized by or Diocese of Green Bay be permitted to use and publish for general communications, advertising, commercial and publicity purposes, the likeness of my minor/individual at risk and their original work for any other lawful purpose whatsoever, including video, audio, photographic portraits, pictures, reproductions, quotations, made through any medium, including social or other electronic media, in accordance with the Safe Environment Social Communications Policy for the Diocese of Green Bay.
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This statement of intent, and if indicated - consent, is valid until revoked. If I choose to rescind my consent to the Authorization, I agree that I will inform the Youth Ministry Department of Holy Spirit Parish in writing and that my rescission will not take effect until it is received by Youth Ministry Department of Holy Spirit Parish. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this certification, acknowledgement, statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____





PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).

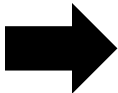
Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.



Parent/Guardian Signature _____ Date _____

(REQUIRED)

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.



Athlete Signature _____ Date _____

(REQUIRED)



125 South Webster Street,
PO Box 7841,
Madison, WI 53707

PHONE 608-266-3390
TOLL FREE 800-441-4563
WEB SITE <http://www.dpi.wi.gov>



2017-18 REGISTRATION

HOLY SPIRIT BOYS AND GIRLS CYO BASKETBALL

Registration location: Holy Spirit Parish, Darboy Gym (W2796 Cty Rd KK, Appleton). Use rear carport doors.

Registration date/time: NOV 8, 2017 Format: pick 1 half hour time: 5:45-6:15; 6:30-7:00; 7:15-7:45 PM.

* If you missed the above date for registration please mail all 6 completed pages and payment to:

Karla McChesney, c/o CYO Registration, 409 W Kimberly Ave, Kimberly, WI 54136

You may also drop off forms/payment at The Insurance Resource, Mon-Fri, 9am-5pm.

If you have questions on the forms, please call Karla during office hours at 788-4264.

All registrations must be postmarked by November 9th - SORRY, NO EXCEPTIONS.

Coaching Information

* **ALL TEAMS MUST** have a Coach (21 yrs and older) and an assistant coach/parent volunteer.

Player Information

* **ALL** Registration, liability and player agreement forms **MUST** be filled out prior to any practices or games.

* Players must identify the COACH on the form below. We will try to accommodate your request for specific team placement. The Coach must approve all players that will play on each team.

* If you are signing up without a designated coach/ team, we will be happy to help place you on one.

* Each team needs a minimum of 10 players with a maximum of 15 players.

* Players may not be added to team during the season.

* Players may not switch teams w/o approval from league supervisor.

* Games will be on Saturdays beginning the weekend of Dec. 2, 2017 and conclude Feb. 17, 2018

* The end of the year tournament is scheduled for the week of Feb. 18 through Feb. 26, 2017

* Game schedules will be given to the coaches the first week of December

PLEASE CHECK: _____ Boys Freshman/Sophomore _____ Girls Freshman thru Senior
 _____ Boys Junior/Senior

PLAYER INFORMATION

Player Name _____ Grade _____
 (Print clearly - last name goes on uniform if you need one)

Phone: Home _____ Cell _____ Email: _____

Religious Affiliation (if any): _____ Home Church: _____ Name of Pastor: _____

Uniform size (If needed) XXL _____ XL _____ L _____ M _____ S _____
New players need to purchase uniforms; returning players may use same as last year or purchase a new one
*Jersey numbers cannot be duplicated on a team ---- **Uniform sizes run small***

Uniform number requested: 1st choice _____ 2nd choice _____ 3rd choice _____ (no 1/2 numbers or 3 digit numbers)

Uniform number (if you already have one): _____

Team (coach's name) you were on last year: _____ Remain with that team: Y N

Coach/other player requesting to be with (no guarantees): _____

Designated youth team captain: _____

Player fee: \$35.00 Uniform fee: \$25.00 (player last name on back included - last name only)

Amount paid: _____ **check cash Make checks payable to: HOLY SPIRIT PARISH**

Payment must accompany registration form for individual to be registered & assigned a team.

HOLY SPIRIT CYO PLAYER AGREEMENT

As a Holy Spirit CYO Basketball Player, I agree to the following:

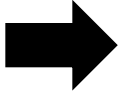
- * As a part of a Catholic organization, participation/toleration of prayer before practices/games is included in the experience.
 - * Player must belong to Holy Spirit Parish or attend Kimberly High School.
 - * No alcohol or drugs of any kind by may be used by a CYO player
 - * Only registered CYO players may play in games and tournaments. Encouraging/allowing (including sharing your jersey) of non-registered players will mean disqualification of team from end of year tournament.
 - * **Respect:** Players are expected to treat referees, coaches, gym supervisors, opposing players, teammates, equipment, facilities, and fans with respect.
 - * **Facilities:** any vandalism to the gym facilities or equipment will result in sanctions ranging from the immediate disqualification of the offending player to the cancelation of the entire season for the entire team, or anything in between, as the circumstances warrant.
 - * **No profanity:** inappropriate language is unacceptable.
 - * **Sportsmanship:** Dirty play, fighting, taunting, or generally obnoxious behavior (including arguing or whining about referees' calls) is not acceptable- whether you're in a game, coaching, or in the stands as a spectator.
 - * Technical Fouls:
 - 1st Technical - player must sit out rest of half.
 - 2nd technical - player is out rest of that game.
 - 3rd technical - player is out for the rest of the season.
- A Technical Foul of any degree will be reported to Holy Spirit Parish

This Code of Conduct applies whether you are in the gym for a game, practice, or as a spectator. These rules are not exclusive. Any conduct deemed inappropriate but not specifically covered by these rules will be dealt with as the circumstances dictate.

I AGREE:



Player signature _____ Date _____
Required



Parent/Guardian signature _____ Date _____
Required

Thank you - Holy Spirit CYO Basketball

HOLY SPIRIT CYO COACH AGREEMENT

(Please turn this in on registration night, pick up practice balls, and sign up for practice times)

Coaching Information

- * **ALL TEAMS MUST** have a Coach (21 yrs and older) and an assistant coach/responsible adult.
 - * **Coaches Meeting:** The Coach/assistant coach/adults who plan to be at practice must attend a **Mandatory CYO Coaches Meeting on Tuesday, November 29th** at 6:00 PM, Holy Cross Parish, Friendship Hall. **VIRTUS training for all new coaches/volunteers will take place immediately after at 7:00 PM.**
- If you have attended VIRTUS Training already you do not need to stay.
- * Practice space may need to be shared with one other team due to limited gym space. Plan ahead with another team if you want!

As a Holy Spirit CYO Basketball Coach, I agree to the following:

- * **Player Eligibility:** Coaches are responsible for making sure all players are eligible to play. A player is considered registered when all paperwork and fees are turned in to the CYO league in November. Rosters are reviewed and submitted in December and cannot be altered after this point. Failure to cooperate will result in your team being disqualified from the final tournament.
 - * Only registered CYO players may play in games and tournaments. Encouraging/allowing of non-registered players may mean disqualification of team from end of year tournament.
 - * Players on your team must belong to Holy Spirit Parish or attend Kimberly High School.
 - * Do not tolerate alcohol or drugs of any kind by a CYO player
 - * **VIRTUS Requirements:** The coach and assistant coaches must have completed a background check and VIRTUS training prior to being in this supervisory role. If you are volunteering to be a Coach you will need to be at all practices and games or have an additional VIRTUS trained adult supervise these times. Any person who is going to be considered as a Coach must be approved by the CYO Coordinator and must be at least 21 years of age.
 - * **Practice times:** In compliance with the Green Bay Catholic Diocese, practice sessions held in any HSP/KHS gyms must have 2 Coaches/Responsible Adults present, with both of these adults having completed a background check and both adults having completed VIRTUS Training. Practice sessions will be monitored! Any team without the proper Coaches/Responsible Adults will no longer have practice times at HSP/KHS Gyms.
 - * **Games:** Coaches and/or assistant coaches are required to be on the bench with the student-athletes during all games. If either coach or assistant cannot make it, another Virtus Trained adult must be on the bench with the players.
 - * **Respect:** Coaches are expected to treat referees, players, gym supervisors, opposing players, equipment, facilities, and fans with respect.
 - * As a part of a Catholic organization, participation/toleration of prayer before practices/games is included in the experience
 - * **Facilities:** any vandalism to the gym facilities or equipment will result in sanctions ranging from the immediate disqualification of the offending player to the cancelation of the entire season for the entire team, or anything in between, as the circumstances warrant.
 - * **No Profanity:** inappropriate language is unacceptable.
 - * **Sportsmanship:** Dirty play, fighting, taunting, or generally obnoxious behavior (including arguing or whining about referees' calls) is not acceptable. Please help encourage your team and fans to be on good behavior.
- Technical Fouls:
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 - 3rd technical - player is out for the rest of the season.
- A Technical Foul of any degree needs to be reported to Holy Spirit Parish*

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I AGREE:

Coach/Assistant Coach signature _____ Date _____

Coach/Assistant Coach Name: _____ Ph: _____ Email _____