

Basketball Registration

St. Agnes Athletic Association Fall Basketball Registration Form

Athlete's Name: _____ Grade _____

Address: _____

City: _____ Zip Code _____

Parish: _____ School/RE: _____

Mother's
Name: _____ Phone (Cell) _____

Father's
Name: _____ Phone (Cell) _____

Email Address (Mother/Father) _____

Emergency Contact: _____ Phone Cell _____

Physician: _____

Please list any health conditions which the Coach needs to be aware of: _____

I/We give permission to St. Agnes Catholic School to use my child's picture in the St. Agnes Parish Bulletin, Web site, and newspaper ____ Yes ____ No

Disclaimer: Having been informed of the organization of the St. Agnes Athletic Assn to provide supervised games for boys and girls, I/We, the parents of the above named child hereby give my approval to his/her participation in any and all activities during the current season. I/We assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/We do further hereby release, absolve and indemnify and hold harmless St. Agnes Athletic Assn., the organizers, sponsors and the supervisors any and all of them. In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to or from the activities.

Please note: Fee's must be paid by first game or athlete cannot participate in game or subsequent practices.

Signature of Parent or Guardian: _____ Date _____

St. Agnes Athletic Association
Fall Basketball Registration Form

Parent Volunteer Commitment: The St. Agnes Athletic Assn. requires participation by all parents to help make our programs successful. Every family is required to participate in both fundraising activities and Field Maintenance or Concession stand sales. Family members working in either Field Maintenance or the Concession Stand must be at least 18 years of age.

Parent Volunteer Time Commitment: **2 hours per player/family during season as needed.**

Each Team will need a parent Head Coach, Asst. Coach and Team Parent. If a Team does not have a Coach or Team Parent, the Coordinator will make every attempt to find volunteers within that team.
Please understand that the Team cannot be formed without Volunteer Coaches and a Team Parent.
(Parent Coaches will be provided training and assistance as needed)

Parent Coach Volunteer Name: _____

Team Parent Volunteer Name: _____

Registration Fees: \$125

Check Payable to: St. Agnes Athletic Assn.
Mail to: St. Agnes Catholic School
1501 Chicago Road
Chicago Heights, IL 60411

Total: \$125.00

Paid: _____ Amount Due: _____

Signature of Parent or Guardian:

STA Athletic Association

Date: _____

For more Soccer information or to contact us via email:
athletics@saintagnes.us

St Agnes Parish and School Parent/Guardian Code of Conduct

The purpose of the Sports Parent/Guardian Code of Conduct is to help define appropriate parental/guardian actions that support the mission of the program. Parents/Guardians must read, understand and sign this form prior to eligibility and participation.

It is at the discretion of the Athletic Board and Coaches to determine the appropriate penalties for a parent/guardian who does not comply with the guidelines below. Penalties include, but are not limited to: being asked to leave a sports facility, suspension from the privilege of attending current and/or future games, and disallowing a player from participation in current and future athletic programs.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these pillars of character.

As a parent/guardian, I therefore agree to the following:

- I will trust in my child's ability to both have fun and perform to achieve excellence
- I will teach my child the importance of hustle, playing fairly and doing his/her best
- I will emphasize the importance of skill development over winning and losing
- I will help my child to learn the right lessons from winning, losing, individual accomplishments and mistakes; to play by the rules and to resolve conflicts without resorting to hostility or violence
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes
- I will never ridicule or yell at my child or other participants for making a mistake or losing a competition
- I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my own child
- I will demand that my child treat other players, coaches, officials and spectators with respect
- I will commit to the parental responsibilities of the athletics program by providing transportation for my child to and from practices and games, pay all necessary fees, assist the coaches with cleaning up after practices and games, and volunteer my time as needed
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy towards all players, coaches, officials and spectators at all games and practices
- I (and my guests) will not engage in any kind of unsportsmanlike conduct (booing, taunting, profane language, etc) or any other form of harassment towards any official, coach, player or parent
- I will demand a sports environment for my child that is free for drugs, tobacco and alcohol, and I will refrain from their use at all sports events
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches for the team
- I will respect the officials and their authority during games, and will never publicly question their decisions
- I will respect the coaches for time they donate, and I will never publicly criticize, harass or display acts of aggression throughout games and practices.
- I will wait 24 HOURS before contacting a coach to voice any concerns I may have and, when doing so, will contact the coach privately and respectfully

Athlete's Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Archdiocese of Chicago

Minor Child Athletic Participation Release

Minor Child Name: _____

Address: _____

Parent / Guardian Name: _____

Home Phone: _____

Work Phone: _____

Important Information

The Catholic Bishop of Chicago (CBC) and St. Agnes (Parish) are committed to conducting athletic programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their children in athletic programs must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish insist participants follow safety rules and instructions, which have been designed to protect your safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Therefore; each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the (CBC) or the Parish automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining medical accident insurance, the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child for participation in this program you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of this program.

Programs: Boys & Girls Basketball, Football, Girls Volleyball, Cheerleading

As the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims; my minor child or I may have, as a result of participating in the program, against the CBC, the Parish and their agents, servants and employees. I do hereby fully release and discharge the CBC, the Parish and their officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child or arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize the CBC or Parish officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above program details:

(Parent/ Guardian Signature)

(Date)