



2018 – 2019 CYO BASKETBALL REGISTRATION

Deadline for registration submission = October 15th

Eligibility for a player to participate in the Transfiguration’s CYO Basketball Program

- 1) Registrations from parishioners of the Church of Transfiguration will take precedence. Players from surrounding parishes will be considered on a space available basis. Players who are not members of a Catholic Diocese must be approved by the Church of Transfiguration’s Athletic Director.
- 2) Parents or guardian must complete and sign the “CYO Registration Form”.
- 3) Player registration fee has been paid.
- 4) Players and parents / guardian have read and signed the Code of Conduct.

Additionally:

- 1) Members of Transfiguration CYO Teams are a reflection on the Church of Transfiguration Parish. If the player or parents (s) are persistent in UNSPORTSMANSHIP LIKE CONDUCT during practices or games, the player will be removed from the team permanently.
- 2) Parents or guardians understand that the success of the Transfiguration CYO Program is dependent on parent support and further agree to commit a minimum of four (4) hours of assistance for each child in the program.

PLAYERS AND PARENTS – Please complete both sides of form and sign.

Player’s Name (Print) _____ Gender (M/F) _____ Age _____ Grade _____

Player’s Address: _____ City _____ Zip _____

Parent or Guardian’s Name (Print) _____

Parent/Guardian phone number: (Home) _____ (Work) _____ (Cell) _____

Parishioner of Transfiguration (circle one)? Yes No

If No, Name of registered Parish in Diocese? _____

HEALTH HISTORY: Please list any medical condition that might affect your son/daughter’s participation in the program. Please include any medication(s) 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.

Medical Conditions / Allergies: _____

Medications: _____

Transfiguration’s CYO Basketball Fee (make checks payable to *Transfiguration* please) *

3rd and 4th Grade Boys & Girls = \$65 for parishioners; \$165 for non-parishioners

5th thru 12th Grade Boys and Girls = \$85 for parishioners; \$185 for non-parishioners

Registration Fee covers: CYO Registration fee, Equipment, Uniforms & Tournament(s) per team.

Refund Policy: Full refunds prior to start of first scheduled practice.

No Refunds after first week of practice OR If child drops due to making another team.

(must complete both sides)

Transfiguration's CYO Program depends upon Adult Volunteers!

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Volunteer's Name: _____ **Phone #:** _____

VOLUNTEER OPPORTUNITIES (check your interests)

_____ **Coach** _____ **Asst. Coach**

_____ **Scorekeeper** _____ **Timekeeper** _____ **Concession**

Bill Myers, Transfiguration's Athletic Director will contact you with more information.

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Release Statement: My signature below confirms that I give permission for my child to participate in the Diocese of Rochester CYO league. I hereby release CYO, Transfiguration, Transfiguration Sports Committee, and any of its volunteers from any responsibility or liability in connection with this activity. I give permission to a licensed physician or other hospital staff member to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that my child is in good physical health and has no limitations other than those I have listed which may predispose him/her to risk during the program. I also fully realize that I must provide proper insurance coverage. Transfiguration and CYO are not responsible for lost or theft of personal or team articles.

Zero Tolerance: My signature below confirms my understanding that CYO is a ministry of the Roman Catholic Diocese of Rochester. Following the example and mission of Jesus Christ, CYO promotes discipleship through good sportsmanship by our athletes, coaches and spectators. We will not condone instances and activities which run counter to the mission of CYO athletic competition in order to ensure the well-being of all athletes, coaches, participants and spectators. Profanity, racial or sexist comments or other intimidating speech or actions directed at officials, athletes, coaches or team representatives will not be tolerated and are grounds for ejection and removal from this and future CYO events. We thank you for your cooperation.

I have read, understand and agree with the above statements:

Player's Signature: _____

Parent or Guardian's Signature: _____

Coach's Signature: _____

Athletic Director's Signature: _____

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Mail Completed Form & checks made payable to: *Transfiguration*
50 West Bloomfield Rd.
Pittsford, NY 14534

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For Office Use: **Date** _____ **Cash / Chk #** _____ **Amount** _____