



# REMINDER

**Sacred Heart Basketball Registration  
continues for  
Grades 3-8**

**Registration Pricing For The 2023-24 Season**

- 1 Child - \$175
- 2 + Children - \$250

**Please Make All Checks Payable To: "Sacred Heart School Basketball  
Program"**

- **Please complete the forms below and hand in to Mrs. Pavlica  
in the school office by Friday, October 13, 2023**

PARISH/ SCHOOL \_\_\_\_\_

County \_\_\_\_\_

# Archdiocese of Newark CYO Athletics

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

**\*\*Participants must fill out a separate form for each sport they participate in**

PARTICIPANT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ Grade \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ E-mail Address \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_, grant permission for my child (name of child) \_\_\_\_\_ to participate in the Archdiocese of Newark CYO Youth Ministry Athletic Program of Sport \_\_\_\_\_ for the Academic year \_\_\_\_\_ - \_\_\_\_\_.

For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns, if any claim for my child's personal injury or wrongful death is commenced against the Archdiocese of Newark, Office of Youth and Young Adult Ministry ("OYM"), or the parishes involved in the aforementioned activity(ies), to defend, indemnify, and hold harmless OYM, its officers, directors, and agents, and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims, or demands that may be made or brought against OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith

**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 in accordance with your wishes.**

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to OYYAM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" 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 and RELATIONSHIP: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number \_\_\_\_\_

(1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE BACK OF THIS FORM**

**Other Medical Treatment:** In the event it comes to the attention of OYYAM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called REGARDLESS of the Time, etc.

(2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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:

(3) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign ONLY if you have listed medications above in this part.

**Specific Medical Information: OYYAM, will take reasonable care to see that the following information will be held in confidence.**

- Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_
- Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_
- Does child have a medically prescribed diet? \_\_\_\_\_
- Any physical limitations? \_\_\_\_\_
- Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_
- Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? \_\_\_\_\_
- If so, date and disease or condition: \_\_\_\_\_
- You should also be aware of these special medical conditions of my child \_\_\_\_\_

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or your child will not be permitted to attend the "Program")**

(4) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mom's Cell Number \_\_\_\_\_

Mom's Email Address \_\_\_\_\_

Dad's Cell Number \_\_\_\_\_

Dad's Email Address \_\_\_\_\_

Parent or guardian **must** sign lines numbered 1 and 4. If your parish requires notarization of this form, please have notarized.



# ARCHDIOCESE OF NEWARK – CYO ATHLETICS



## CODE OF CONDUCT AGREEMENT

The Archdiocese of Newark and the Office for Youth & Young Adult Ministry, through the vehicle of sports, provides youth with an opportunity to practice Christian attitudes and responsibilities and to become friends with other children throughout the Archdiocese. CYO activities should be examples of the meaning of Christian sportsmanship. The guiding principle behind the enforcement of this code is that the behavior of everyone involved in CYO should not detract from the children's enjoyment of the sport.

### PLAYERS

#### **Acceptable standards of participant behavior include:**

- Treat opponents with respect; shake hands prior to and after contests.
- Respect the judgment of officials and abide by the rules of the contest.
- Accept seriously the responsibility of representing the school or parish by always displaying positive behavior.
- Play in a positive manner, reflecting Christian values. Do not bait or taunt opponents.

#### **Penalties:**

- Any player ejected from a game because of unsportsmanlike conduct will be suspended for two games and may be subject to additional penalties.
- Any player who physically abuses another player, participant or official may be suspended from play for the remainder of the season and may be disqualified from CYO competition.

### SPECTATORS

Acceptable standards of spectator behavior include:

- Remember that the players are children and are playing for their enjoyment, not yours.
- Remain seated in the spectator area during the games.
- Respect decisions made by contest officials.
- Be a role model by positively supporting teams and by not shouting instructions or criticism to the players, coaches or officials. Do not coach from the stands.
- Make no derogatory comments or gestures to players, coaches, parents of the opposing team, officials or league administrators.

#### **Penalties:**

- Participating teams and their coaches are responsible for the conduct of their spectators.
- Any spectator who displays poor sportsmanship may be removed from the facility by an official, their team coach, a league official or the host gym person-in-charge.
- Any spectator who interferes with the conduct of a CYO activity may, at the discretion of the spectator's parish, league, or the Archdiocese of Newark, be barred from attendance at subsequent CYO activities.

## ENFORCEMENT

The parishes and schools, under the supervision of the Archdiocesan CYO Office, shall enforce this code. Complaints regarding violations of this code shall be first brought to the attention of the athletic directors of the parishes / schools involved. Coaches, participants or spectators may be placed on probation or suspended from CYO activities for their actions.

I (We) have read the CYO Code of Conduct. I (We) agree to follow these guidelines in my (our) participation in all CYO activities.

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Signature of Parent/Guardian(s)

Date: \_\_\_\_\_

Revised 9/2022

# Sacred Heart Basketball Program Uniform Order Sheet

**Players Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Jersey Size:** \_\_\_\_\_

**Youth Small, Youth Medium, Youth Large**

**Adult Small, Adult Medium, Adult Large, Adult Extra Large**

**Short Size:** \_\_\_\_\_

**Youth Small, Youth Medium, Youth Large**

**Adult Small, Adult Medium, Adult Large, Adult Extra Large**

**Preferred Jersey Number (if any)** \_\_\_\_\_

**(PLEASE ADVISE IF YOU WILL BE USING THE UNIFORM FROM  
LAST YEAR AND DO NOT NEED A NEW UNIFORM)**