



CYOSI
Catholic Youth Organization
A Division of
Catholic Charities of Staten Island
CYO Community Center
120 Anderson Avenue
Staten Island, New York 10302
Phone: 718-448-4949

**2016 -2017
HIGH SCHOOL PLAYER'S CONTRACT**

As a CYO High School Player, I understand all rules and regulations pertaining to the Staten Island CYO Basketball League and hereby agree to abide by them. I also understand that I must be a high school student in good standing to play in our league.

I also understand that I am responsible to know and demonstrate the fundamentals of sportsmanship. I will always respect the property of hosts and the authority of the officials.

In addition, I realize that my team could face suspension or expulsion from this league if I do not live up to the CYO Code of Ethics and abide by the CYO rules.

Name: _____

Address: _____

Parish: _____

High School: _____

Division (check one of the following):

- High School Girls
- High School J.V. Boys (9th or 10th Grade)
- High School Varsity Boys (11th or 12th Grade)

Signature: _____

Date: _____ 2016





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2016 -2017 CYO Parent's Contract

As the parent / guardian of _____, a player on a CYO league team, I have read, understand, and agree to abide by all CYO rules, regulations and policies. I understand that if either my child or I act in a manner in opposition to CYO policies, my child and /or I will be banned from all further participation in the CYO league. I will also monitor the behavior of any relatives or friends who come to watch my child play and make certain that they are aware that improper conduct will result in their expulsion and possibly the expulsion of my child.

I waive any and all rights and claims for damages my child or I may have against the CYO, their representatives and assigns, and will hold them harmless from any and all injuries suffered in connection with this league.

Parent / Guardian Signature

CYO Athletic Code of Ethics

CYO athletic competition is a means of training young people to enjoy healthful sports but with the end, that win or lose, they learn to respect opponents, officials, and spectators.

It is important that all concerned with the CYO athletic program follow this code:

- To emphasize the proper ideals of sportsmanship, ethical conduct and fair play.
- To stress the values derived from being fair.
- **To show cordial courtesy to opponents and officials.**
- To establish a happy relationship between visitors and hosts.
- **To respect the integrity and judgment of officials.**
- To achieve through understanding and acceptance of the rules and standards of eligibility.
- To encourage leadership, use of initiative and good judgment by the players.
- To recognize that the purpose of competition is to promote the physical, mental, social and emotional well-being of the players.
- **To remember that a contest is only an activity and not a matter of life or death for player, coach, school, parish, official and fan.**

CATHOLIC YOUTH ORGANIZATION OF STATEN ISLAND
A DIVISION OF CATHOLIC CHARITIES OF STATEN ISLAND
BASKETBALL REGISTRATION FORM
2016 – 2017

Name of Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

School: _____ Grade: _____

Child's Date of Birth: ____ / ____ / ____

Parent / Guardian Information: - EMAIL Address

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Contact: - EMAIL Address

Name: _____ Relationship: _____

Address: _____ Phone: (____) ____ - ____

THIS SECTION TO BE COMPLETED BY PARENT / GUARDIAN:

AUTHORIZATION TO PARTICIPATE

I hereby give consent for my child/children to participate in the activities in CYO Basketball. I understand that there is a risk of injury to my child/children as a participant in CYO Basketball, and I hereby assume the risk of my child/children's participation in such activities. In consideration of the CYO's acceptance of my child/children in CYO Basketball, and to the extent permitted by law, I hereby agree to release and hold harmless the Archdiocese of New York, Catholic Charities of Staten Island, Catholic Charities of the Archdiocese of New York, the Archbishop of the Archdiocese of New York, Catholic Charities Community Services, Catholic Youth Organization, its parents and affiliates, and their respective trustees, directors, officers, employees, servants, and volunteers from any and all responsibility, liability, claims, and/or demands arising out of my child/children's participation, specifically including any injury that may occur due to their negligence.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by CYO Basketball to secure and administer treatment, including hospitalization, for all of the above named persons.

I also understand and agree to abide by any restrictions placed on me or my child/children's participation in CYO Basketball activities, and that I and/or my child/children will be dismissed from the program if we fail to abide by CYO Basketball program rules.

PHOTO AUTHORIZATION

I hereby consent to the taking of photographs, movies, or videos of my child/children by CYO Basketball or its designated representatives in connection with any advertising. I also grant the rights to edit, use, and reuse said products for any and all purposes selected by the CYO Basketball and release any and all rights, title, and interest we may have in such photographs, movies or videotapes, finished pictures, reproductions, copies of negatives of the same in connection with such uses.

Print Name of Parent / Guardian: _____ Date: ____ / ____ / ____

Signature of Parent / Guardian: _____ Date: ____ / ____ / ____



HIGH SCHOOL VERIFICATION FORM
 PLEASE PHOTOCOPY ALL HS STUDENT ID'S TO CORRESPOND WITH YOUR TEAM ROSTER. NO STUDENT WILL BE PERMITTED TO PLAY WITHOUT BEING VERIFIED ON THIS FORM BELOW AND SIGNED BY COACH AND PLAYERS. SUBMIT THIS FORM WITH YOUR TEAM ROSTER. IN ADDITION, PLEASE ATTACH THIS FORM TO YOUR CLIPBOARD OR SCORE BOOK.

PARISH/SCHOOL _____ DIVISION _____
 COACH _____ COACH SIGNATURE _____

2014-2015

PLACE STUDENT ID HERE

PLAYER
SIGNATURE: _____

PLACE STUDENT ID HERE

PLAYER
SIGNATURE: _____

PLACE STUDENT ID HERE

PLAYER
SIGNATURE: _____

PLACE STUDENT ID HERE

PLAYER
SIGNATURE: _____

PLACE STUDENT ID HERE

PLAYER
SIGNATURE: _____

PLACE STUDENT ID HERE

PLAYER
SIGNATURE: _____

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED
 THIS FORM IS TO BE SUBMITTED ALONG WITH YOUR ROSTER. SEE INSTRUCTIONS ON ROSTER FORM