

Boys Church League Basketball 2021-2022 Registration Form

Teen Information

Name: _____ Grade Level (circle): 9 10 11 12

Cell Phone: _____ Email: _____

High School: _____ Are you trying out for your HS basketball team? YES NO

Church: _____ T-shirt size (circle): M L XL 2XL

You may request to be on a team with one friend. Your friend must make the same request.

Name: _____

Parent Information

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Parent Volunteer Opportunities – please mark the areas you are able to assist during the season.

Coach/Assistant Coach your son's team

**Must complete background check and VIRTUS training – you cannot coach if you cannot prove you have been VIRTUS trained. Email bcampbell@stcletusparish.com about registering for VIRTUS.*

Substitute Coach – if a coach cannot be present we need VIRTUS trained adults ready to fill in.

Practice Supervision – If your team has only one coach, volunteer to be the second adult at practices.

Game Supervision – Keep an eye on activity in and around the gym during Church League games.

Team Service Opportunity – Help lead and organize a service opportunity with your son's team.

In registering for Church League Basketball, I understand that:

Games will take place each Saturday, and occasionally on Sundays. Teams will receive a schedule in November. Teams will participate in at least one service opportunity throughout the season.

Church League provides a setting for high school boys to have fun, practice good sportsmanship, and build community. If players are found in violation of league rules, disciplinary action will be taken accordingly.

Teen Signature _____

Parent Signature _____ Date: _____

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Parental Permission/Release Form

Church League Agreement

In registering for Church League Basketball, I understand that: Games will take place each Saturday and practices will be one time weekly. Church League provides a setting for high school boys to have fun, practice good sportsmanship, and build community. If players are found in violation of league rules, disciplinary action will be taken accordingly. The participating churches in the Church League will be abiding by IDPH, Archdiocese and individual church Covid Guidelines throughout the season, including **Masks for all players, coaches, refs, and spectators, at all times**. Your signature reflects your understanding and acknowledgement of these protocols that will be put in place for the CLB season at all venues.

Student Acceptance Signature: _____

Printed Name: _____

Waiver Acceptance

I, _____, give my teen, _____, grade _____ permission to play for a Church League basketball team, through St. Cletus Youth Ministry. In giving my permission, I hereby agree to RELEASE, INDEMNIFY, AND HOLD HARMLESS, St. Cletus Parish, its employees and agents, the Archdiocese of Chicago, and the Catholic Bishop of Chicago, (a corporate sole) from any and all liability which may arise from my child's participation in the above mentioned activities. Liability to extend to any accidents, illnesses or injuries, (including the possibility of death) which may either directly or indirectly befall my teen while participating in any of the above mentioned activities. In the event that I, my spouse, or our authorized physician cannot be reached, and a medical emergency shall befall my teen, I hereby authorize Barb Campbell and/or Adult Volunteers to initiate and oversee any emergency medical care that may be deemed necessary on my teen's behalf, until a time when I may be present to authorize the same. To assist in the administration of such care, I will provide necessary medical information below. I acknowledge that sending my child to participate in some activities involves certain risks due to COVID-19 and may pose a threat to the safety of my child. I expressly acknowledge that due to the contagious nature of COVID-19, my child may be exposed to and/or contract COVID-19 by participating in this activity and that, if infected, the risks include personal injury, illness, permanent disability and death, despite implementation of and adherence to COVID-19 procedures as there are no known processes to eliminate all risk of spread of infection. I hereby assume all risk of my child participating in this event and take responsibility for all such risk and any injury or damage that I and/or my child may suffer as a result of participating in this activity. By placing my signature, I hereby attest that I have read, understand and agree to ALL of the above provisions.

Parent Acceptance Signature: _____

Printed Name: _____

Insurance Company _____ Policy # _____

Policy in Name of: _____

Allergies/medical conditions/medicines: _____

Hospital Preference: _____ Physician _____

In case of an emergency, and I cannot be reached, please contact:

Name: _____ Phone # _____

I acknowledge the importance of this CHURCH league as a place of Christian fellowship between players, coaches and spectators and I will do my best to uphold these values as a model for my son. By placing my signature, I hereby attest that I have read, understand, and agree to ALL of the above provisions.

(Signature of parent/guardian)

Date