

**PLEASE SIGN & RETURN THIS REGISTRATION PACKAGE TO STS BY OCTOBER 27, 2021**

**2021 – 2022 ST. THERESA SCHOOL BASKETBALL REGISTRATION**

**St. Theresa School's Team Member Academic/Activity Policy**

Dear Parents/Guardians and team members:

St. Theresa's School is "dedicated to the cultivation of academic excellence and the spiritual and social enrichment of each student." The Administration recognizes the important role of extra-curricular activities in the development of the whole child when such activities complement, rather than compete with the educational and spiritual dimensions of our program. Therefore, participation in our sports program requires that all student athletes meet the demands of both St. Theresa's academic and discipline code, as stated in our student handbook. Please read the following eligibility guidelines and sign the bottom portion of this page if you wish to have your child participate in our sports program. The academic/activity policy is as follows:

In order to participate on the team during the sports season, team members must maintain a passing average in major subject areas and in conduct in all classes. Eligibility is reviewed on report cards for all sports teams as St. Theresa's School. Teachers give grades for achievement and conduct. The grading scale is as follows:

S = Satisfactory      I = Improvement needed (70% - 74%)      U = Unsatisfactory (below 70%)

In order to participate in a game on a given day, the team member must be in school that day, or the Friday before a Saturday game.

If a team member receives a "u" on report card he/she may not participate in practices or games for (2) weeks. The principal reserves the right to remove a team member from the team at any time for improper behavior or for any reason she deems appropriate.

If a team member misses three (3) unexcused consecutive practices and or games, he/she will be dismissed from the team.

A team member who misses a practice immediately preceding a game will be benched for the first half of the game.

A team member who verbally, physically, or mentally disrespect or intimidate any of his/her teammates, our own coaches, coaches from other teams, referees, or organizers of events related to St. Theresa Sports Program, will be benched until the violation is being reviewed and resolved by either myself and/or our principal. If this behavior is repeated three times, the violating team member will be dismissed from the team.

I have read the above eligibility guidelines, have discussed it with my child and will abide by the criteria established by St. Theresa School.

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Sincerely,

Anh Bui  
STS Athletic Director

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**Registration Fee & Uniform Purchase**

**Registration Fee**

The Registration Fee pays for the sports equipment, referees, league fees, court fees, trophies, award bonds, banners, competitions, playoff fees, and Sports Ceremony Awards Ceremony. The registration fee structure is as follow:

- \$125 for one child per sport
- \$ 200 for two children of the same family per sport
- \$ 300 for three or more children of the same family per sport

**Uniform Purchase Fee**

All players are required to wear a standard St. Theresa Stallions uniform, which must be purchased through the STS Sports Program. **The uniform cost is \$50 must be paid with registration.**

**Total Cost**

To calculate your total cost, please fill out the table below. The sum of the amounts would be your total cost. Please write check payable to St. Theresa Sports Committee.

<b>Fee Type</b>	<b>Amount</b>
Registration Fee	\$
Uniform Purchase Fee	<b>\$ 50.00</b>
<b>Total Cost</b>	<b>\$</b>

**Check Payable to St. Theresa Sports Committee**

**Please indicate uniform size below. Uniform number can be requested, but will be given out based on availability and first come first serve.**

All girls uniform shirts and shorts can have youth and adult sizes:

- Youth: Sm, Md, Lg
- Adult: Xsm, Sm, Md, Lg, 1X or XLg, XX or Double XLg

**PARTICIPANT'S NAME:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Shirt Size	
Short Size	
Uniform #: (Please list a few options)	

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## **ARCHDIOCESE OF NEWARK – CYO SPORTS CODE OF CONDUCT AGREEMENT**

The Archdiocese of Newark and the Office of 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.

### **1. COACHES**

Acceptable standards of coaching behavior include:

- Set a good example for participants and fans to follow, exemplifying the highest moral and ethical behavior;
- Respect the judgment of officials, abide by rules of the event;
- Treat opposing coaches, participants and fans with respect;
- Instruct participants in sportsmanship and demand they display good sportsmanship;
- Coach in a positive manner, reflecting Christian values;

Penalties:

- Any coach ejected from a game because of unsportsmanlike conduct will be suspended for the next two games and may be subject to additional penalties.
- Any coach who physically OR verbally abuses another person may be suspended for the remainder of the season and may be disqualified from CYO participation
- Any coach who physically or verbally abuses an official during or after a game will be suspended for the remainder of the season and may be disqualified from CYO participation.

### **2. 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 displaying positive behavior at all times;
- 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.

### **3. 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.

### **4. 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 (s)

Date \_\_\_\_\_

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## Archdiocese of Newark CYO Athletics

### PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

SCHOOL: St. Theresa School, Kenilworth, NJ

County: Union

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 Basketball for the 2021-2022 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, to hold harmless and defend the Archdiocese of Newark, Youth and Young Adult Ministry ("OYYAM"), 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 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", arising from or in connection therewith, and I agree to compensate 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" 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

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**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.