



ALL forms must be received at the same time with full payment by 9/16/19. All forms must be mailed to:

Adam Padfield
11 E. Maple Ave
Succasunna, NJ 07876

Dan Kali
31 Ridge Rd.
Succasunna, NJ 07876

***Completion of registration packet and submission does NOT ensure that each child will be on a team. Try-outs may be necessary. More information will follow when registration ends and we know how many players have signed up.

There are 2 playing levels for CYO:

- Varsity Level – 7th & 8th grade
- JV Level – 3rd, 4th, 5th & 6th grade

Practices generally begin in mid-October. The season has been extended to add two more games per team, so the season may begin a little earlier in November than normal. We do not have the exact dates yet.

Check List:

- Player Registration Form
- Player Registration Check (made payable to St Therese CYO)
- Parent Code of Conduct Form
- Player Code of Conduct Form
- Medical Waiver Form
- New Player: Birth Certificate (non Catholic's only)
- New Player: Baptismal Certificate (Catholic's only)

ST. THERESE



Mail to:

Adam Padfield
CYO Registration
11 E. Maple Ave
Succasunna, NJ 07876

Make checks payable to:

“St. Therese CYO”

1. Registration check for \$150 per child &
\$135 for each additional sibling

**ST THERESE CYO
REGISTRATION FORM**

CHILD’S NAME: _____

(Last)

(First)

Street Address: _____

City/Town & Zip Code: _____

PHONE #: _____ DOB: _____

E-MAIL ADDRESS: _____

PARENT or GUARDIAN NAME: _____

SCHOOL NAME: _____ GRADE (in Sept 2019): _____

DATE OF BIRTH: _____

UNIFORM SHIRT Size: YM YL YXL AS AM AL AXL

UNIFORM SHORT Size: YM YL YXL AS AM AL AXL

CATHOLIC? YES___ NO___ ST. THERESE PARISHIONER? YES___ NO___

• My child played St. Therese CYO (*not clinic*) last year →

-OR-

-OR-

• I am a Catholic and have enclosed necessary baptismal certificate →

-OR-

-OR-

• I am a non-Catholic and have enclosed necessary birth certificate →

• I have enclosed a check for registration (\$150 for 1st child & additional \$135 for each additional child). →

Amount enclosed \$ _____

• I have enclosed a signed Medical Release Form →

**Upper Morris County CYO
Leadership and Commitment**

Coaches' Code of Conduct

I will place the emotional and physical well-being of my players ahead of my personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I promise to review and practice the basic first aid principles needed to treat the injuries of my players. I will stress habits that promote good health.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will use those coaching techniques appropriate for each of the skills that I teach for this sport, with consideration to players' developmental ranges and abilities.

I will be generous with praise when it is deserved. I will be consistent and honest, fair and just. I will not criticize players publicly. I will learn to be a more effective communicator and coach.

I will adjust to the personal need and concerns of the players. I will be a good listener.

I will give all players the opportunity to improve their skills, gain confidence, and develop self esteem.

I will maintain an open line of communication with the parents. I will explain and maintain the goals and objectives of the sports association.

I will remember that I am a youth sports coach, and that the game is for the children and not the adults.

Coaches' Signature: _____ Date: _____

**Upper Morris County CYO
Leadership and Commitment**

Parents/Guardians Code of Conduct

I will not force my child to participate in sports, but support his/her desire to play his/her chosen sport, for his/her enjoyment. = FUN!

I will encourage my child to play by the rules.

I will be a role model of good sportsmanship – I will applaud the good plays of both teams.

I will not embarrass my child by yelling at players, coaches, officials, or opponents. I will show respect at all times.

I will encourage skill development and emphasize how they benefit my child. I will de-emphasize excessive competitiveness between younger siblings.

I will re-enforce the positive points of the game.

I will never verbally or physically insult/abuse any person (including my child, coach, other players or parents) after a game or practice.

I will recognize the importance of volunteer coaches and support the program.

I will learn the rules of the game and support the officials.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**Upper Morris County CYO
Leadership and Commitment**

Players Code of Conduct

I will play for FUN!

I will work hard to improve my skills.

I will be a team player – to do my best and to cooperate with and support my teammates.

I will learn teamwork, sportsmanship and self-discipline.

I will be on time for practices and games. I will take care of myself, so I can benefit the team.

I will learn the rules and play by them.

I will respect myself, teammates, coaches, parents, opponents and officials.

I will never argue with an official's decision.

I am responsible to control my thoughts, words and actions at all times.

Player Signature: _____ Date: _____

MEDICAL RELEASE FORM

Name of Player:					
Date of players birth:		Date of last Tetanus Booster:			
Know allergies of this player, including any allergies to medicine:					
Any other medical problems which should be noted:					
Family Physician:		Phone:	()		
Parent/Guardian:					
Street Address:					
City:		State:		Zip:	
Phone # H:	()	Work #:	()		
Person responsible for charges :(if diff. from above)					
Street Address:					
City:		State:		Zip:	
Phone # H:	()	Work #:	()		
Person to notify if parent /guardian is unavailable:					
Street Address:					
City:		State:		Zip:	
Phone # H:	()	Work #:	()		
Insurance Carrier:			Policy Number:		
Name of Insured:			Phone:	()	

I am the actual parent or legal guardian of the player above and hereby appoint St. Therese's CYO and its authorized designees as my agent to act in my capacity to arrange for, hire, give permission for any and all medical services, care and treatment, without limitation, which may be necessary for my above named child as a result of any accident, injury, illness or other condition that may occur. This authorization includes the power to appoint others to act in my capacity for these purposes, including, without limitation the duly appointed officers, coaches, assistant coaches of St. Therese's CYO. The powers of my agents shall continue in full force and effect from this date until revoked by me in writing or my child is no longer a member of the St. Therese's CYO program.

I hereby release, indemnify and hold all of the agents identified in the preceding paragraph harmless from any and all claims, contracts, liabilities and obligation for acts performed by them under the authority of the above for paying any and all medical, hospital, prescription drug, and such other related expenses as there may be, which are incurred under the authority of the aforesaid limited power of attorney.

With my signature, I permit the above named child to participate in the basketball program administered by St. Therese CYO and will assume all risks and hazards which coincided with such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless any and all claims, contracts, liabilities and obligations to St. Therese CYO, St. Therese Church, St. Therese School, Roxbury Township, and the Roxbury Board of Education and their agents in the event of accidents or injuries involving the above name child.

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

Name of Parent / Guardian: _____

Signature of Parent /Guardian: _____

Date: _____