

HOLY CROSS

Co-Ed Soccer Registration



FALL 2017

RE: HOLY CROSS Fall Co-Ed Soccer-2017

Dear Parents:

Registration for the fall co-ed soccer season has begun. Once again, Holy Cross will be picking teams at various age levels from our community. This season, children ages 4 through 14, as of the registration deadline, are eligible to play. The number of teams formed in each division will depend upon registration and the number of volunteer coaches. Children will participate in a league with teams from the YMCA, Dover AFB and the City of Dover. Games will be held at Schutte Park (Dover) or at the Holy Cross field and will be played at a recreational level.

Registrations will be accepted until August 25th. Opening day will be tentatively September 9th and ending in the November. This will allow each team to play at least 8 games (some of these games may be played during the week due to holidays and events). If there are an odd number of teams, bye weeks may be scheduled or teams will play double headers.

Please submit your child's application by the deadline noted above. This will enable us to create teams, arrange sponsors, order uniform shirts and organize coaches. As you know, many volunteers are needed to make this program a success... head coaches, assistant coaches, sponsors and others. Please indicate how you will help on the registration form.

Coaches and Assistant Coaches are required to have background checks completed before the season begins. League officials will contact volunteers with background check procedures. Coaches and Assistant Coaches will be required to attend a meeting covering sportsmanship, responsibilities and other commitments.

The registration fees for our Fall 2017 season will be as follows: \$70.00 for 1 child and \$40.00 for each additional child from the same family. Please make checks payable to "Holy Cross". **Please return your forms and payment by Friday, August 25, 2017 to:**

*Holy Cross Parish Office
631 S. State St. Dover, DE 19901
Attn: Soccer Registration*

Thank you for your interest and participation in this great program. May it be a blessing to our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Fr. James Lentini". The signature is fluid and cursive, written over a white background.

Rev. James S. Lentini
Pastor

HOLY CROSS



PLAYER REGISTRATION FALL 2017 ONE PLAYER PER FORM PLEASE

PLAYER INFORMATION (Please Print):

Date: _____

Name: _____

Phone: _____

Address: _____

School: _____

City: _____

State: _____ Zip: _____

E-Mail: _____ Emergency Contact & Phone#: _____

Date of Birth: ___/___/___ Age: _____ Sex: Female / Male Grade: _____

Mother / Guardian: _____ Father / Guardian: _____

Family Church Affiliation: Holy Cross _____ Other: _____

Please list any medical conditions your child's coach should be aware of: _____

Any previous soccer experience? If so how many?: _____

Requested Coach: _____

Please check for a shirt size:

Shirt size: Youth S ___ M ___ L ___

Adult: S ___ M ___ L ___ XL ___ XXL ___

We are willing to help in the following areas: **(PLEASE VOLUNTEER FOR THE CHILDREN!)**
If volunteering as a coach or assistant coach, please identify the shirt size for yourself above.

____ Coach _____ Assistant Coach

____ Team Sponsor (275.00 per team) (Company name will be displayed in text on back of jersey)

I do hereby allow my child to participate in any practice game or function sanctioned by Holy Cross CYM. I accept full responsibility for any liability and release Holy Cross Parish and CYM, its coaches, and its officers from any financial responsibility due to injury or otherwise. If I can not be contacted in the event of injury or illness of my child during a game or practice, I hereby give my permission for the coach or designee to administer first aid or obtain medical attention from a doctor or emergency center.

Signature of Parent / Guardian: _____ Date: _____

Registration fees: \$70 for one child; \$40 for each additional child

Registration form due at the parish office on or before August 25, 2017

Holy Cross Youth Sports Code of Conduct

It is the purpose of the Holy Cross Youth Sports program to promote sportsmanship and good relations among players, parents, and spectators. The league is committed to be the showcase organization for fair play, equal participation, and displaying the Christian values of companionship, understanding, patience, diligence, and perseverance. As such, it is the parents' responsibility to conduct themselves with the utmost reverence for the game as to be an example for their children and within the community.

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game and practice.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices, and how they benefit greater than winning.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game, and will take time to speak with coaches at an agreed upon time and place.
16. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action in accordance with the Holy Cross Youth Sports rules set by the league officials.

Parent Signature

Date

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth	____/____/____	Age
Participant E-Mail			
Participant Cell Phone			

Providing email address and cell number grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

Family Doctor	Phone
Family Dentist	Phone
Insurance Provider	Policy#
	Acct./ID#

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items *ed above will not endanger the young person.

**CYM requires that athletes be able to self-administer the epi-pen and/or inhaler without assistance.

Current Prescription Medications	
Medicinal Allergies	
Food Allergies	

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
 Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother			
Home Phone			
Cell Phone			
Place of Employment			
Work Phone			

Parent/Guardian Information (Father)

Full Name of Father/Stepfather			
Home Phone			
Cell Phone			
Place of Employment			
Work Phone			

School	Teacher	Grade	Homeroom
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In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices, including, but not limited to, cellular phones, Blackberrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. The content of any PTD device may be reviewed by a designated chaperone or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity (ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event. Providing, however, that recourse is reserved to seek damages, medical and hospital expenses, and court costs for any such accidental injuries to my child incurred during an officially sanctioned event from any liability insurance carrier within the limits of its liability policy.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____
Relationship to Participant: _____ **Date:** _____

Holy Cross Youth Athletics

Sponsor Registration

Thank you for considering the sponsorship of an athletic team in the Holy Cross Youth Sports Program. Your generosity is critical to providing the equipment and resources needed for Holy Cross to participate in youth athletics.

The suggested donation for team sponsorship is \$275. Please make checks payable to Holy Cross. For your purposes, our Tax I.D. Number is #51-0065692. Fill out the information below so we have the proper sponsor title for your team.

To ensure your request, please mail this form along with your donation to the address shown below. If you have any questions, please contact the Parish Office at (302) 674-5787, ext. 110.

Sport: ~~SPRING~~ ^{FALL} SOCCER **Year:** 2017

Sponsor: _____

Address: _____

Telephone: _____

Team Name (for shirts): _____

Age Group: _____

Contact: _____

Telephone: _____

Address (if different than above) _____

Please mail to:

Holy Cross Youth Soccer Registration
631 S. State St.
Dover, DE 19901