

Holy Cross & YMCA



Soccer Registration – Spring 2012

RE: Holy Cross & YMCA Spring Soccer 2012

Dear Parents:

Our Spring soccer season will be here before we know it. Once again, Holy Cross & YMCA will be picking teams at various age levels. The number of teams formed in each grade level will depend upon registration and the number of volunteer coaches.

The registration period will open on Thursday, January 5th and run until Friday, March 2nd. Opening day will be on March 31st and tentatively ending on June 2nd, allowing each team to play 8 games. If there are an odd number of teams, bye weeks will be scheduled. All games are played behind the Early Learning Center. Volunteer coaches will need to be available for the coaches meeting on Saturday, March 10th. The coaches meeting will be held upstairs in the Early Learning Center at 6:00pm.

- The children in Pre-K and Kindergarten will play in our co-ed kinder kicker program (Birthday between 8-01-2005 to 7-31-2007).
- 1st grade through 2nd grade will play in our U8 co-ed program (Birthday between 8-1-2003 to 7-31-2005).
- 3rd grade through 4th grade children will play in our U10 co-ed program (Birthday between 8-1-2001 to 7-31-2003).
 - If born before 08-01-2001 you will not be eligible to play for this league, but can register with CDSA.

As in the past, we need your help in submitting your child's application on a timely basis. In order for us to create teams, arrange sponsors, order uniforms, and find coaches, we need time. In addition, we need many volunteers to make this program a success. Please indicate how you will be able to help on the registration form. Coaches and Assistant Coaches are required to have background checks completed as soon as possible; volunteer coaches will be unable to coach without a completed background check. Background check forms are available at the parish office, located upstairs in the Early Learning Center. As mentioned above, **Coaches and Assistant Coaches will be required to attend a meeting covering sportsmanship, responsibilities, and to pick teams on March 10th at 6:00pm.** Thank you for your interest and participation in this great Holy Cross program. If you have not participated in YMCA or Holy Cross soccer, please submit a copy of your child's birth certificate with the registration form.

The registration fees for our spring 2012 season will be as follows: \$50.00 for 1 child and \$25.00 for each additional child from the same family. Please make checks payable to "Holy Cross." **Please return your forms and payment no later than Friday, March 2nd, 2012 to:**

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

Sincerely,

A handwritten signature in black ink that reads "Msgr. Dan".

Rev. Msgr. Daniel J. McGlynn
Pastor

Holy Cross & YMCA SOCCER

PLAYER REGISTRATION Spring 2012 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: _____

Previous seasons of Soccer experience: _____

Name for Trophy: _____

Please check for a shirt size and short size:

Shirt size: Youth S ___ M ___ L ___ Short size: Youth S ___ M ___ L ___

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

We are willing to help in the following areas: (PLEASE VOLUNTEER FOR THE CHILDREN!)

If volunteering as a coach please identify the shirt size for yourself above.

_____ **Coach** _____ **Assistant Coach**

_____ Interested in sponsoring a team. (275.00 per team)

I do hereby allow my child to participate in any practice game or function sanctioned by Holy Cross. I accept full responsibility for any liability and release Holy Cross Parish, 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: \$50 for one child; \$25 for each additional child

Please include child's birth certificate if they have never played with Holy Cross

Registration form due at the parish office on or before March 2nd, 2012

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

School	Teacher	Grade	Homeroom
	XXXX	XX	XXXX

(Please complete both sides)

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: _____

(Please complete both sides)

FORM D: EMERGENCY CONTACT SHEET

Event Name: Holy Cross

Participant Name:		
Emergency Contact	Phone #	Alternate Phone #
1.		
2.		
3.		
4.		