

Parent's Letter

The Archdiocese has purchased accident coverage to protect CYO participants involved in any sponsored and supervised activity against accidental injury occurring while the policy is in force. Coverage is provided by **American Fidelity Assurance Company** and is administered by **The Maksin Group**. The accident medical expense benefits pays up to \$1,025,000 in benefits after the participant's primary insurance coverage pays when a CYO participant is hurt while playing CYO sports with no deductible.

The accident plan covers the following at 100%:

Inpatient hospital, outpatient hospital, physician's service, x-rays and laboratory services, physiotherapy, durable medical equipment, drugs, eye glasses, hearing aids and dental services. It also has an accidental death benefit of \$10,000 and dismemberment benefit of \$5,000 to \$20,000 depending on the patient's loss. The injured player must turn in an "Incident Report" in order to receive this coverage.

See Master insurance policy in the CYO office for details of the coverage and Limitations.

Claims Instructions

In case of accident, notify the CYO office immediately. Secure a claim form from the CYO office or from the insurance company. And be sure to submit an "Incident Report" to the CYO office.

- The claim form must be submitted within **90 days** from the date of accident.
- Treatment must commence within **90 days** from the date of injury.
- Please attach **itemized** bills from the doctor showing treatment, dates of treatment and charges.
- Forward additional bills to: **Maksin Management Corp, Two Aquarium Drive, Suite 200, Camden, NJ 08103. (800) 257-6250.**
- Please note the name of the parish and zone and Archdiocesan name on all bills and correspondence. **NO ADDITIONAL CLAIM FORM IS NECESSARY.**
- Do **NOT** leave claim form at the hospital or doctor's office.
- All benefits will be paid directly to the Doctors and Hospitals involved, unless bills are accompanied by paid receipts.
- If you have any questions, call the claims department toll-free at **(800) 257-6250.**

PRINCE OF PEACE CYO

Basketball Registration Form

Child's name: _____ (Last) (First) _____ DOB: _____

Sex: M F Address: _____

Mother's name: _____ (Last) (First) _____ Mother's email: _____

Father's name: _____ (Last) (First) _____ Father's email: _____

Home phone: _____ Mother's cell: _____ Father's cell: _____

PLEASE CIRCLE THE PREFERRED CONTACT NUMBER.

1. Is your child a returning player for Basketball? **Yes No**
2. If yes, what is the COACH'S name: _____
3. Is/Has your child currently/recently played CYO Soccer, Volleyball, or Flag Football? **Yes No**
 - a. If yes, what sport: _____
4. Are you interested in coaching? **Yes No**
 - a. Have you been certified at Prince of Peace and/or attended coach's training? **Yes No**
5. In the event that your child CANNOT be placed on a team at Prince of Peace, are you willing to play for another parish? **Yes No**
6. Are you a registered parishioner of Prince of Peace? **Yes No**
 - a. If yes, how long ago did you register with the parish?(Circle One) within the last 6 months 6 months to a year longer than a year
7. Is your child registered for and attending religious education regularly? **Yes No**
 - a. If yes, grade, day and time: _____
8. Is your place of residence within the Diocesan established boundaries of Prince of Peace? **Yes No Not sure**
(CYO program participation is based on parish boundaries. Each player must reside within the Prince of Peace boundary or be an ACTIVE registered parishioner for at least 1 year.)

Fee Schedule -	Basketball Registration:	\$75.00
	Facility Usage:	\$25.00
	Total:	\$100.00

NOTE Uniforms are NOT included in above fee

Refund Policy

Reason for Refund/Timing:

- a) Player drops prior to Commitment night (November 10, 2011)
- b) Player drops between Commitment night (November 10, 2011) and beginning of league play (December 2, 2011)
- c) Player drops after league play begins (December 2, 2011)
- d) Team does not form

Refund Amount:

- Full Refund less \$4.00 form fee
 1/2 of fee collected
 NO Refund
 FULL Refund

Note: Fees are to be refunded no later than 30 days after any of the above situations occur. Refunds will not be mailed back until the check has cleared the bank. There will be a \$25.00 fee for NSF checks and child will not be able to play until returned payment and fees are resolved.

All players will be placed in their respective age division groups. It is understood that in certain circumstances two age divisions will be combined in order to form teams. Players will only be allowed to play up one age division.

Parent Signature: _____

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Payment Information (To be filled out by CYO Staff)

Cash Amount: _____ Check Amount: _____ Check #: _____ # of Registrants: _____

FOR OFFICE USE ONLY

Date of registration: _____	Coaching (Item #4): _____
In Boundary (Item #8): _____	Inform of coaches meeting: _____
Birth certificate: _____	Division: _____
Proof of residence : _____	

STANDARD VIII-A.
PARENT/GUARDIAN MEDICAL CONSENT TO TREAT
CYO SPORTS PROGRAM – ARCHDIOCESE OF SAN ANTONIO

Youth Participant's Name: _____ Birthdate: _____ M F
Parent/Guardian Name: _____
Home Address: _____ City/State/Zip Code: _____
Home Phone: () _____ Business: () _____
Cell Phone: () _____ Pager: () _____

To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital or emergency room for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

My child's age: _____ Height: _____ Weight: _____

I hereby grant permission for non-prescription medicine (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child as necessary. I understand that aspirin will not be given to my child.

If you are unable to reach me, please contact:

Name: _____ Relationship to my son/daughter: _____
Home Phone: () _____ Business: () _____
Cell Phone: () _____ Pager: () _____
Insurance Carrier: _____ Policy Number: _____
Insurance ID Number: _____

Please fill in the following as it pertains to your child.

My son/daughter is taking medication and will bring all medication with him/her, if needed, and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: _____

My son/daughter is allergic to the following: _____

My son's/daughter's immunizations are current and up to date - Yes: No:

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, etc. Yes: No:

Please explain if you answered, "Yes." _____

My son/daughter has special needs which are: _____

Signature of Parent or Guardian: _____ **Date:** _____

Photo Release Form

Prince of Peace Catholic Church
C/O: CYO Sports
7893 North Grissom Road
San Antonio, TX, 78251

I hereby grant the Prince of Peace Catholic Church, CYO Sports permission to use my likeness or my child's in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Prince of Peace Catholic Church, CYO Sports and will not be returned. I hereby irrevocably authorize the Prince of Peace Catholic Church, CYO Sports to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Prince of Peace Catholic Church, CYO Sports programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Prince of Peace Catholic Church, CYO Sports from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read and understand the above:

CYO player's printed name: _____

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Address: _____

Date: _____

STANDARD XII-C.
CODE OF BEHAVIOR FOR CYO PARENTS

I hereby pledge to behave in such a way as to provide positive support, care, and encouragement for my child as a participant in the CYO Sports Program. I will model the faith we profess by following this Code of Behavior. I pledge to:

- Witness values at home and on the field of play consonant with those of the CYO.
- Demonstrate good sportsmanship towards all players, coaches, and officials at every game, practice, and other youth events.
- Place the emotional, spiritual, and physical well being of my child ahead of any desire to win.
- Ensure that my child plays in a safe and healthy environment.
- Support coaches and officials working with my child in their attempt to develop the faith formation component of the CYO Sports Program.
- Refrain from criticizing officials or coaches during and after games.
- Demand an environment for my child that is free from drugs, tobacco, alcohol, and abusive language. My behavior will be a model for others.
- Remember that the game is a game for youth, not adults.
- Insist that youth sports are fun, not work, and encourage coaches to maintain that kind of atmosphere.
- Model for my child the way to treat other players, coaches, officials, and fans without respect to race, sex, creed, ability, or outcome of the game and insist that my child do the same.
- Involve myself in the program enough to feel comfortable about entrusting my child(ren) to those in charge.

Understand my rights and responsibilities in CYO.

Parent's signature: _____

Date: _____

STANDARD XII-A. CODE OF BEHAVIOR FOR FANS

Fans at CYO contests are encouraged to cheer for their children and their team.

BUT:

- The CYO does not tolerate fans who use coarse, vulgar, or foul language.
- The CYO does not tolerate fans whose comments are personally demeaning or belittling to players, coaches, officials, or other fans.
- The CYO does not tolerate fans whose enthusiasm carries over past the game and who harass others after the game.
- The CYO does not tolerate fans whose enthusiasm carries over into physical acts of force (pushing, shoving, fighting, etc.) against anyone else at the contest.
- CYO reserves the right to eject offending fans from CYO contests.
- CYO reserves the right to ban offenders from CYO contests.

**STANDARD XII-D.
CODE OF BEHAVIOR FOR CYO PLAYERS**

I hereby pledge to behave properly as a participant in the CYO Sports Program. I will model the faith we profess by following this Code of Behavior. I pledge to:

- Demonstrate good sportsmanship at every game and practice and encourage fellow players, coaches, officials, and parents to do the same.
- Attend every practice and game that I can, and notify my coach in advance if I cannot attend.
- Do my very best to listen to and learn from coaches, officials, parents, and fans without respect to race, sex, creed, or abilities, and I expect to be treated accordingly.
- Be a part of the team as a community, learning the values of good teamwork, helping and supporting one another, and caring about what happens to others.
- Have fun during my CYO sports experience and tell parents or coaches if it stops being fun.
- Play in a safe environment that is free from drugs, tobacco, alcohol, and abusive language and expect adults to refrain from their use at all CYO sports events.
- Encourage my parents to become involved with my team in some capacity because of its importance to me.
- Do my very best in school, in religious observances, in practices, as well as in games.
- Remember that CYO sports is an opportunity to learn and to grow and to have fun.
- Learn from any outcome, If I lose, I'll learn to understand the winner's joy and I'll try harder next time; and if I win, I'll understand the feeling of the losing players and I won't gloat.

Player's Signature

Date

**STANDARD XII-E.
CODE OF BEHAVIOR FOR YOUNG¹ CYO PLAYERS**

I promise to behave like I should because I will play in the CYO Sports Program. I will do what I should and follow this Code of Behavior. I promise to:

- Be kind to everyone at every game and practice and help others to do the same.
- Go to every practice and game that I can, and tell my coach ahead of time if I cannot go.
- Do my very best to listen to and learn from coaches, officials, parents, and fans.
- Learn good teamwork, help each other, and care about what happens to others.
- Have fun at CYO and tell parents or coaches if it stops being fun.
- Play in a safe place that is free from drugs, tobacco, alcohol, and bad language.
- Ask my parents to do things with my team (even though they're busy) because it is so important to me.
- Do my very best in school, in religious services, in practices, and in games.
- Remember that CYO Sports is an opportunity to learn and to grow and to have fun.
- Learn from whatever happens, If I lose, I'll learn to understand how happy the winners are and I'll try harder next time; and if I win, I'll understand how sad the losing players feel and I won't show off.

Player's Signature

Date

¹Although no absolute definition of young is implied, the spirit and wording of this Code would be appropriate for most of the Tot (4-5) and Tiny (6-7) players.