



Hello Parents and Students,

While I do have some time before the season starts, CYO will quickly approach us this school year. With that in mind I will need help from parents to run our CYO teams, and I am looking for the following positions/ways to help.

-Coaches-likely both upperclassmen and underclassmen girls

-underclassmen boys

-gym monitors- these people run the scoreboards and hand out checks for our officials, as well as handle any major problem within the gym.

Please note, like previous years, there is a \$20 fee to register for a team. This registration cost helps offset cost of the gym rentals as well as paying refs. All registration is due by September 24th. Late forms will not be considered for league play.

The season dates have not yet been sent out by the league but it will likely follow the same weekends as last year, as Christmas Eve and New Year's Eve both fall on Sundays this season. Therefore the following dates will be game days pending that there are no major changes to the league schedule and the league keeps the same weekends. There will be two to be determined bye weekends as well, but underclassmen byes will be set by the confirmation calendar in Minster.

November 4th- possible date but unlikely- previous two years did not have week of Christmas or New Years as options

November 11th – sophomore bye week-confirmation retreat

November 18th

November 25th

December 2rd

December 9th

December 16th

December 23rd

December 30th

January 6th

January 13th

January 20st

January 27th – sophomore bye week-Confirmation

February 3rd- possible date but unlikely- previous two years did not have week of Christmas or New Years as options

When boys football is still playing in the playoffs, it will be the hope that we will combine to be one boys team for those weeks and consolidate until the conclusion of the football run. Note that this is not definite, and will need to check numbers before we can start.

Attached are additional forms needed to complete registration in CYO. If you already have a CYO jersey, you do not need to purchase one from ERNST. The order forms for a jersey will come at a later date. An old rec league jersey will not count as in the event your team makes the playoffs, you must have matching jerseys. Any other questions about CYO or volunteering to help in some capacity should be directed to Alex Clune at 419-628-3434 or alex@staugie.com. Thanks and God Bless!

St. Augustine/St. Joseph Cluster

High School CYO Basketball Registration Form

PLEASE FILL OUT SO WE CAN HAVE TEAM REMINDS/EMAILS

Name _____

Address _____

Phone No _____

Email Address _____

Grade _____

Parent(s) Name(s) _____

Parent(s) Phone NO. _____

Parent(s) Email Address _____

North Valley CYO Basketball

Waiver of Liability

Date _____

Name _____
(Last) (First) (M.I.)

Address _____

Phone _____ Date of Birth _____

I promise to live up to the rules and regulations of the CYO. I understand that failure to do so will result in possible removal from the CYO Basketball League.

(CYO Applicant's Signature)

For the protection of the North Valley League and the facilities in which we use, we ask parents to sign the agreement below.

This participant _____ has my permission to play in the CYO Basketball Program. I understand that I personally, or my family's medical insurance will take care of any medical bills that may result from injury traveling to and from or while participating in CYO basketball. I will not hold the North Valley CYO league or any facilities being used liable for injuries or illnesses that may occur. I assure you that he/she is physically fit to take part in this activity.

(Parent or Guardian Signature)

North Valley CYO Basketball

Emergency Medical Form (to be held by the coach)

Name _____

Address _____

Phone _____

Date of Birth _____

Family Doctor _____

Phone _____

Hospitalization insurance or other kinds of coverage- Please specify.
Include the following: name of company, group number, contract number,
coverage, and the employee number if such pertains to your type of
insurance.

What coverage is included? Hospital () Doctor's Fee () Surgery ()
I agree that I will be responsible for all medical expenses for my child in an
emergency that requires an operation or hospitalization; we will try to
inform you beforehand. However, if we are unable to reach you we ask you
to give permission for the following.

I hereby give permission for an emergency operation for my child.

I hereby give my permission for my child's hospitalization.

I hereby give my permission for any other emergency medical care for my
child.

(Parent's Signature)