



## St. John the Evangelist Church

55 Martha St.  
Spencerport, New York 14559  
585-352-5481  
[sstjohnc@dor.org](mailto:sstjohnc@dor.org)

### CYO Basketball Program 2022-2023

Dear Parents,

Welcome to the St. John's Spencerport Catholic Youth Organization Basketball Program 2022-2023. Registration is now open and registration forms are available at the Parish Center (Martha House) or online at [www.stjohnschurchspencerport.org](http://www.stjohnschurchspencerport.org).

- **Registration deadline is October 24th.** Please complete the Registration, CYO health, Code of Conduct and Photo release forms and return them to the Parish Center at the above address in person or via the mail. *(There will be a \$20 late fee for any registrations received after October 24th and there will be no refunds after November 10th.)*
- **Coaches will be contacting players & their parents with information regarding practice days & times.**

We hope to offer the opportunity to participate in the following grades: 3<sup>rd</sup>/4<sup>th</sup> girls & boys, 3<sup>rd</sup>/4<sup>th</sup> coed, 5<sup>th</sup>/6<sup>th</sup> girls & boys, 7<sup>th</sup>/8<sup>th</sup> girls & boys, JV girls & boys, Varsity girls & boys. We cannot guarantee every grade level will have a team. The number of participants will influence availability and coaches are needed at all levels. We will try to accommodate requests for a specific coach or team, but this is not always possible and cannot be guaranteed.

Cost will be as listed on registration form and will include practice 1-2 nights per week, 12 regular season games, scrimmages & tournament(s). Practices will begin in early November. Games will start early December through approximately mid-February. Tournaments may be later than regular season. Games will normally be played on Saturday or Sunday afternoon. There can be a rare weekday game or scrimmage.

Some volunteer time is mandatory to help our basketball program. We need committee members and coaches, as well as volunteers for other small projects. Parent involvement is critical for the success of the program. All parents will be required to volunteer or help in some way. Please be generous with your time.

Thank you,

Kevin O'Keefe  
Athletic Director  
St John the Evangelist Spencerport  
[Kjo893@yahoo.com](mailto:Kjo893@yahoo.com)  
585-330-0441

**CYO BASKETBALL PROGRAM**  
**ST. JOHN THE EVANGELIST CHURCH**  
**REGISTRATION FORM**

**PARTICIPATING CHILD INFORMATION** (PLEASE COMPLETE ONE FORM PER CHILD)

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Parish: \_\_\_\_\_

Grade: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

**FAMILY CONTACT INFORMATION**

FATHER'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENTS' EMAIL (Father/Mother/Guardian) \_\_\_\_\_

Volunteer: Please sign up if you can help below. (If there are not enough coach's teams may not be able to play).

I am able to help: Division Coordinator \_\_\_ Coach \_\_\_ Assistant coach \_\_\_ Committee member \_\_\_

**PAYMENT INFORMATION**

**Make Checks Payable** to ST. JOHN'S CYO Basketball.

#	NAME	LEVEL	FEE (see chart)
1 <sup>st</sup> child	_____	_____	_____
2 <sup>nd</sup> child	_____	_____	_____
3 <sup>rd</sup> child	_____	_____	_____

LATE FEE AFTER October 7th + \$20.00

**TOTAL DUE** \_\_\_\_\_

- 3<sup>rd</sup> & 4<sup>th</sup> **\$90**, (\$50 per additional child at this level)
- 5<sup>th</sup> & 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> **\$115**, (\$80 for 2<sup>nd</sup>, \$60 for 3<sup>rd</sup> player at these levels)
- JV & Varsity **\$135**, (\$80 for 2<sup>nd</sup>, \$60 for 3<sup>rd</sup> player at these levels)

**Uniform size:** (shirt) Child S M L XL  
 Circle One Adult S M L XL 2XL

DATE RECEIVED _____
AMOUNT _____
CASH / CHECK _____

**UNIFORMS ARE TO BE RETURNED AT THE CONCLUSION OF THE SEASON**

St. John the Evangelist Church  
ROMAN CATHOLIC DIOCESE OF ROCHESTER

**CYO HEALTH FORM**

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Parent/Guardian Name \_\_\_\_\_

Parish/Location \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Team Level \_\_\_\_\_

**Health History:**

Please list any medical conditions that might affect your child's participation in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation.

Medical Condition(s): \_\_\_\_\_ Medication(s): \_\_\_\_\_

Any Allergies or special needs/concerns/dietary restrictions or health concerns: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Physician Phone#: \_\_\_\_\_

Emergency Contact (if parent not available): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Release Statement:**

I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies and/or for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I certify that my child is in good physical health and has no limitations other than those I have listed, which may predispose him /her to risk during the program.

My signature confirms that I have read the CYO Athletics philosophy and I give my permission for my child to participate in the program and for the athletic director and/or coach to have a copy of his/her records.

I hereby release the Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and all liability for any damage suffered as a result of or relating to my child's participation in the CYO program. CYO Athletics is not responsible for lost or theft of personal or team articles.

Print Name of Parent \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



Catholic Diocese  
11150 Buffalo Road  
Rochester, NY 14624

## Photo Release

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: St. John the Evangelist Spencerport

I hereby consent to and authorize the use and reproduction by the parish, or anyone authorized by the parish, of all photography, still or in motion, and/or all audio recordings in which this student appears.

I acknowledge that we will not be paid compensation for any reproduction of these materials. All negatives, prints, and audiotapes are property of St. John the Evangelist, Spencerport.

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Since the student is underage consent must be given by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of the child/children named above, and I give my consent without reservation.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date

OR

I hereby certify that I am the parent or guardian of the child/children named above, and I **do not** give my consent.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date