



August 10, 2018

Dear Parents,

**The St. Catherine of Siena Basketball Program is currently accepting registrations for the 2018-19 Basketball season.** Girls and Boys in grades 2<sup>nd</sup> – 8<sup>th</sup> are eligible to compete. All teams will compete in the Catholic Metro League of Atlanta (CMLA).

CMLA play is divided at each grade level in grades 3-8. (2<sup>nd</sup> grade participants will play “up” in the 3<sup>rd</sup> grade division). All League Divisions will be gender specific with separate boys’ and girls’ teams. Rosters for each team will be created in a range with a minimum of eight (8) players and a maximum of ten (10) players per team. More than one team per grade is possible BUT does not guarantee a spot for all students (i.e.: If 12 third grade boys sign up to play- only one team of 10 can be formed; therefore, we would need 16 players to register to form two (2) separate teams). Players will be selected based on a first to register format. Below is important information regarding the season:

**Deadline to Register:** Friday August 24

**Note:** Registrations will not be accepted after this date (no exceptions).

**Official Practices Begin:** Week of October 1st

**Regular Season Game Dates:** November 3, 10, 17; December 1, 8, 15; January 5, 12, 19, 26

**End of Season Playoff Tournament** (Held in Grades 5 – 8 only): Single elimination Tournament will begin Jan. 31 thru Championship games played on Feb 9<sup>th</sup>

**Practices:** Each Team will typically have two practice sessions per week. Practices will be one hour in duration. Attendance at all scheduled practices is expected. Please note that assigned practice days/times for each team are based upon several different variables, including head coach’s personal schedule, gym availability, number of teams per grade, etc. As a result, the practice details for each team will not be released until 1-2 weeks prior to start of season (in late September).

**Registration Fee:** Participation Fee is **\$165 per player** and due at the time of registration. Fee includes player uniform which will be kept by player at the end of the season. **All fees are non-refundable.**

**Commitment Level:** Basketball is a team sport. With any successful youth sports team, there is a certain level of responsibility and expectation for both the player and his/her parent(s). If your child is already committed to other winter sports or hobbies (during the winter months) please take this into consideration. It is only fair that those players who are **fully committed** to attending all scheduled practices and games be allowed the opportunity to play. We ask that all players and parents fully commit to the season so that each team can have as much fun and success as possible.

## 2018-19 SCS Basketball Registration Form

**Player Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** \_\_\_\_\_

**Uniform Size (\*Circle one):**

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

**Parent(s) Name:** \_\_\_\_\_

**Would you consider volunteering as a Coach:** Yes or No

**Home #:** \_\_\_\_\_ **Parent Cell #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**In case of emergency I give permission for the following adult to make decisions if I cannot be reached:**

**Emergency Contact Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

Enclose \$165 payment - Check #: \_\_\_\_\_ (All Fees are non-refundable)

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

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**Please direct questions to SCS Basketball Coordinator:**

William LoPresti

Email: WLoPresti@scsiena.org

Phone: (404) 435-6819

**Please submit the following to complete registration:**

- This Registration Form
- Signed Athletic Program Waiver (found on next page)
- \$165 Check or Money Order payable to St. Catherine of Siena

**Drop off Materials at Parish Office - Deadline is August 24th!!**

(Note: Registration can also be put in the "Dropbox" inside the School's front office for convenience. These will be periodically gathered and brought over to the Parish office.)

# ATHLETIC PROGRAM WAIVER

I hereby request and give approval for my child's participation in SCS Parochial Basketball. I state that my child is in proper physical condition to participate in these activities.

I hereby pledge to provide positive support, care and encouragement for my child participating in SCS Basketball by honoring the following conduct code: I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every practice and game. I will remember that the game is for children and not for adults, and therefore do my best to make it fun for all the children. I will see that my child treats other players, coaches and officials with respect at all times. I UNDERSTAND THAT MY CHILD OR I CAN BE EXCLUDED FROM FUTURE PARTICIPATION IF THESE GUIDELINES ARE NOT FOLLOWED.

I understand that priority for participation in this program is determined by the order in which individual registrations are received. Some students may have to play at a higher grade level depending on the number of registrations received. Whether a team is available at any level depends on the availability of coaches and other volunteers for that team.

Any report of inappropriate speech, gesture or action toward another child or adult will result in immediate administrative referral and consequence deemed appropriate by SCS Director of Athletics.

I am giving my permission to use photographs of my child at practice or in games in promotional materials for SCS school and/or church. Please check one. Yes \_\_\_\_\_ No \_\_\_\_\_

The SCS Parochial Basketball program and its representatives have permission to have my child treated by a medical professional in my absence should they deem that necessary. I understand that in an emergency my child will be taken to the nearest hospital or hospital determined by EMT responders.

**I assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify and agree to hold harmless St. Catherine of Siena (SCS), directors, supervisors, coaches and volunteers in Parochial Basketball, for any claim arising from injury or illness which may directly or indirectly result from my child's participation in SCS Parochial Basketball activities.**

Read, agreed and attested by \_\_\_\_\_  
Parent's (Guardian's) signature      Date