



**IT'S TIME REGISTER FOR BASKETBALL!**  
at Lakewood Catholic Academy  
**PLEASE RETURN REGISTRATION FORMS  
TO SCHOOL BY FRIDAY, OCTOBER 21st\***



**\* Registrations submitted after this date will *only* be accepted to fill out team rosters.  
A \$10 late registration fee will apply.**

**Who Can Play?** CYO basketball is open to students in grades four through eight who are enrolled at LCA or are enrolled in and attending a PSR program.

**What Is The Cost?** The fee for the 2011-12 season is **\$90 per child**. Please note that your child will not receive a uniform or a guaranteed roster spot until all fees have been paid, and once a child is registered, there will be no refunds. There is some financial aid available to families in need. If you would like to be considered for aid, please send an email to [athletics@lakewoodcatholicacademy.com](mailto:athletics@lakewoodcatholicacademy.com). Your inquiry will be kept confidential.

**Physicals:** A **physical form signed by a child's physician must be on file prior to the first practice**. A physical form is good for one year, so if you have already completed a form for a fall sport you will not need a new one. A physical form is attached. Additional physical forms, as well as this entire registration packet, can be downloaded on the LCA web at [www.lakewoodcatholicacademy.com/forms.htm](http://www.lakewoodcatholicacademy.com/forms.htm). The file is in PDF format on the web.

**Documents & Forms:** Registration & physical forms, as well as our Athletic Agreement, are attached. These documents must be completed and returned to complete the registration process. **Coaches will pass out documents on our Competitive Philosophy and our Academic Eligibility requirement at initial team meetings.**

**Coaches Always Needed!** When we have an adequate number of coaches, we are able to keep team rosters smaller, allowing for more instruction and playing time. CYO does offer seminars for some sports. If you are interested in coaching but are not confident about your skills, CYO can help. A one-day program, required for new coaches, includes a coach's orientation, VIRTUS training, and fingerprinting (both are required for all volunteers who work with children). Please call LCA Basketball Commissioner Gary Lauch at 216.221.6024 with any questions.

**Volunteering Is Critical!** Volunteers are what make CYO sports possible. Every family is expected to help at least once during the basketball season in which your child participates. Coaches will be asking parents to help with gate, concessions, set-up, making phone calls, or game-day assistance.

**Boosters:** LCAAB holds meetings throughout the school year. The meetings begin at 6:00 p.m. and are held in the Eighth Grade Lunchroom off of the main cafeteria. All interested parties are welcome to attend! Send an email to [athletics@lakewoodcatholicacademy.com](mailto:athletics@lakewoodcatholicacademy.com) for more information.

**A/B/C Team Assignment:** The Diocese allows teams to be separated by level of play only in 7th and 8th grades. An open gym will be held prior to the assignment of 7th and 8th grade teams, to determine team placement. Please remember that CYO Athletic philosophy is "to focus on the total development of participants in order to influence the formation of Christian values. The young person, not the athletic activity, is the primary focus of CYO Athletics."

**RETURN COMPLETED FORMS TO THE MAIN OFFICE.**

**Any questions can be directed by email to [athletics@lakewoodcatholicacademy.com](mailto:athletics@lakewoodcatholicacademy.com), or by phone to Basketball Commissioner Gary Lauch at 221-6024.**

**Lakewood Catholic Academy**  
**2011-12 CYO Basketball Registration Form**  
**REGISTRATION DEADLINE: FRIDAY, OCTOBER 21, 2011**  
Please print information clearly & complete one form for each child.

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

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

PSR Student? \_\_\_\_ Yes \_\_\_\_ No NOTE: Non-LCA students MUST be registered for PSR to participate.

COACHES & VOLUNTEERS NEEDED: \_\_\_\_ I am interested in coaching or volunteering. Please contact me.

**CYO PHYSICAL FORM MUST BE ON FILE BEFORE FIRST PRACTICE. (Not required for intramural basketball.)**

\_\_\_\_ I have attached the form. \_\_\_\_ I have a current form on file.

**IMPORTANT NOTES:**

- All athletes will be issued uniforms. Uniforms and equipment must be returned to coaches within five days of the final game. **PLEASE NOTE: Athletes with outstanding uniforms will not be permitted to receive a uniform until a missing uniform is turned in or the non-returned fee of \$100 is paid.**
- All athletes will be expected to participate in all team practices, unless excused by a parent note/phone call to the coach. It is also understood that school work, homework and PSR take priority over athletics. Students and parents are expected to conduct themselves in an appropriate manner during all practices, games and related activities. Each family is expected to volunteer at least once during a season.

**Payment Method:** \_\_\_\_ Cash \_\_\_\_ Check  
(Fee is \$90. Make checks payable to Lakewood Catholic Academy.)

**T-SHIRT SIZE:** \_\_\_\_ Youth Small \_\_\_\_ Youth Medium \_\_\_\_ Youth Large  
\_\_\_\_ Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large \_\_\_\_ Adult Extra Large

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

\_\_\_\_\_  
Parent Address (if different from above)

**FORMS ARE DUE TO THE MAIN OFFICE BY FRIDAY, OCTOBER 21st.**  
**DON'T FORGET TO SIGN & RETURN THE ATHLETIC AGREEMENT**  
**WITH YOUR REGISTRATION. QUESTIONS? SEND EMAL TO:**  
**athletics@lakewoodcatholicacademy.com.**



**Athletic Agreement  
(MUST BE RETURNED WITH REGISTRATION FORM)**

**Athletes, parents and coaches agree that:**

- 1) Academics take priority over athletics – God comes before all
- 2) Attendance at and participation in all practices, games and events is expected
- 3) Respect is to be shown for all people and property involved in the athletic program at LCA as well as all participating schools, teams and venues
- 4) All involved parties will read and abide by the rules and philosophy of CYO as well as the Eligibility Requirements and Competitive Philosophy of LCA

**Athletes agree that:**

- 1) A positive, team-first attitude is necessary at all levels of play and on all athletic fields
- 2) Friendly competition is important – teammates and opponents alike deserve respect and support
- 3) Coaches, not parents, are the leaders of the team

**Coaches agree that:**

- 1) Student-athletes look to them as role-models, and as such their behavior must reflect the Catholic values of LCA and CYO
- 2) Instruction of the game and development as an athlete/player is of equal importance among all student-athletes
- 3) Communication with parents regarding team schedule, coaching philosophy and player expectations is a responsibility of the coach

**Parents agree that:**

- 1) Payment of all fees and completion of all registration and health forms by the established deadline is necessary for a child to be a part of a team
- 2) Transportation to and from all practices and games as well as arrival and departure at established times is the parent's responsibility
- 3) All uniforms borrowed from the school require proper care and are to be returned at the end of the season. If a uniform is not returned, there will be a fee of \$50 assessed.
- 4) Decisions regarding playing time beyond the minimum amount required by CYO are at the discretion of the coach
- 5) A coach may reduce a student-athlete's playing time as a result of poor conduct, as well as for unexcused or excessive absences
- 6) The decision to involve a student in multiple extra-curricular activities at one time is at the parents' discretion – participation in multiple extra-curricular activities does not constitute an excused absence and may result in a reduction of playing time
- 7) Inappropriate behavior or disrespect shown toward any individual involved with or present at a CYO event may result in the parent's removal from future CYO functions

**All involved parties understand that:**

In the event of any sports related dispute or disagreement, an effort should first be made to bring the concern to the attention of and resolve the issue with the team coach. If the issue persists, the matter should be taken to the athletic director. The athletic director, in consultation with the dean of students, if necessary, will investigate the matter and determine the resolution.

Athlete: \_\_\_\_\_

Date: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_

**YOUTH & YOUNG ADULT MINISTRY AND CYO OFFICE – CYO ATHLETIC PREPARTICIPATION FORM**

(PLEASE TYPE OR PRINT)  
**STUDENT'S NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **SEX** \_\_\_\_\_ **GRADE** \_\_\_\_\_  
LAST FIRST  
**ADDRESS** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_  
STREET CITY ZIP  
**PARISH** \_\_\_\_\_ **PARISH CITY** \_\_\_\_\_  
**PARENT/GUARDIAN(S) NAME** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
**MOBILE/WORK TELEPHONE NO.** \_\_\_\_\_ **HOME TELEPHONE NO.** \_\_\_\_\_

- Carefully complete the following questions before your physical exam. Explain "YES" answers below.** YES NO
1. Has this athlete ever had hospitalization, surgery, injury, serious medical or psychological illness?.....
  2. Is this athlete now under the care of a physician or taking any medication?.....
  3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports by this student?.....
  4. Does this athlete have any known allergies? (medication, pollen, food, stinging insects).....
  5. Does this athlete wear glasses or contact lenses? Give date of last eye exam if "YES".....
  6. Has this athlete ever blacked out, been knocked out, lost consciousness or been dizzy during or after physical activity?
  7. Has this athlete ever had racing of the heart, skipped heart beat or heart murmur? .....
  8. Has this athlete ever had a head injury or concussion?.....
  9. Has this athlete ever had a seizure?.....
  10. Does this athlete use special protective/corrective equipment that isn't usually used?  
(For example knee brace, ankle brace, foot orthotics, hearing aid, etc.) .....
  11. Does this athlete lose weight regularly to meet weight requirements for the sport?.....
- Explain any YES answers: \_\_\_\_\_

I/we, the undersigned consent to the participation of the above-named child in CYO athletics including practice sessions, scrimmages and athletic contests. In consideration of participation in these programs, and wishing to promote and benefit this non-profit cause, I/we, the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless the Catholic Charities Health & Human Services, Inc.(CCHHS), the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, sponsoring Catholic Parishes/Schools and any of their agents, representatives, employees, successors or assigns for my health, safety or any injury and/or disability arising out of or resulting from: (CHECK all programs that apply)

- CROSS COUNTRY**     **FOOTBALL**     **VOLLEYBALL**     **SOCCER**     **CHEERLEADING**  
 **BASKETBALL**     **WRESTLING**     **BASEBALL**     **SOFTBALL**     **TRACK & FIELD**

As a participant/parent in the program, I/we recognize and acknowledge that there are certain risks or physical injury and I/we agree to assume the full risk of any injuries, including loss of life, damages or loss which I/we may sustain as a result of participating in any and all activities connected with or associated with such program. The undersigned acknowledge that the participant has prepared for the sport in which participating by adequately conditioning and practicing. I/we hereby represent that I have no physical restrictions that would prohibit my participation in the sport that I have selected. The Youth & Young Adult Ministry and CYO Office has my permission to have a physician attend me if deemed necessary during my participation in this CYO program.

I/We also give permission and authorize CCHHS, its agents, employees, successors and assigns to photograph or otherwise electronically or digitally record my image, or that of my child for which I am guardian participating in these athletic programs for the publication in printed or electronic form to be seen and disseminated to the general public in any media including CCHHS newsletter, poster, display, film, video or website.

I/we further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the CCHHS, Youth & Young Adult Ministry and CYO Office and its officers, agents, servants and employees from any and all claims resulting from injuries, including loss of life, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.

**Participants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This athlete has family medical insurance:  YES  NO If yes, the Child is covered by:  
**INSURANCE COMPANY:** \_\_\_\_\_ **POLICY NO.** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

**HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO PHYSICAL EXAM**

**STUDENT'S HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **BP** \_\_\_\_\_ **PULSE** \_\_\_\_\_

OPTIONAL TESTS	
URINALYSIS	_____
ALBUMIN	_____
SUGAR	_____
MICRO (IF ABOVE TEST ABNORMAL)	_____
BLOOD COUNT	
(FOR FEMALES)	
HGB.	_____
OR	_____
HCT.	_____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Muscular skeletal			

\*Station-based examination only.  
**SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES**  **NO**   
**RECOMMENDATIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NOTE EXCEPTIONS IN RECOMMENDATIONS AREA)

PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)
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**PHYSICIAN'S SIGNATURE** \_\_\_\_\_  
**PHYSICIAN'S TELEPHONE NO.** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone**

NAME: \_\_\_\_\_  
Last

First

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**PART I OR II MUST BE COMPLETED  
PART I TO GRANT CONSENT**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent or guardian) at \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give my consent or: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (physician & phone number) or Dr. \_\_\_\_\_ (dentist & phone number), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ (hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

BIRTHDATE: \_\_\_\_\_

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I  
PART II REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address