

# Our Lady of the Wayside CYO Basketball League

## **Open To High School Age Students**

- All games are on the weekends (mostly Saturday)
- Practices will be held in the OLW Middle School Gym either Mon, Wed, or Thur nights (depending on team) from 9:00-10:30PM.
- To register for the team, please submit completed Permission-Medical Form and League Fee of \$65.00 (checks made payable to OLW), no later than Mon, Nov. 16th.
- Regular Season runs from Dec.-Feb.



*Any questions, please contact Kevin O'Connell in the Youth Ministry Office: 847-253-5353/youthmin@olwparish.org*

## CYO BASKETBALL REGISTRATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Please fill out and/or check line below.**

**I request to be put me on: (either a coach or team captain)**

\_\_\_\_\_ (Mr.) \_\_\_\_\_'s Team or

\_\_\_\_\_ Any team that is available

**Jersey Size: S M L XL XXL (please circle)**

**Jersey #: \_\_\_\_\_**

**(must be no more than 2 digits, each single digit must be under 6,  
ex: 52 is good--19 is not)**

**Name on back of Jersey: \_\_\_\_\_**  
**(either last name or appropriate nickname)**

***Please return this sheet along with medical release form & payment  
to either your coach or Kevin in the OLW Parish Center no later than  
Mon, Nov.16<sup>th</sup>, 2009. Checks made payable to OLW***

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*For Office Use Only*

Checklist

Reg. Form \_\_\_\_\_ Medical Release \_\_\_\_\_

Payment \_\_\_\_\_ Team \_\_\_\_\_

**INDIVIDUAL STUDENT PERMISSION/MEDICAL FORM**

**PARENTAL/LEGAL GUARDIAN AUTHORIZATION - Required for ALL Participants**

I hereby give permission for my child \_\_\_\_\_ to participate in the Catholic Youth Organization High School Basketball League from November 1, 2009 - May 31, 2010. (I understand that this event includes running, jumping, throwing & other skills.) There is an inherent risk in basketball. Injuries include but are not limited to sprained ankles, muscle pulls, injury to joints, bones, ligaments & tendons, neck & back injuries and even death. In an effort to make the event run more safely, it is vital that all athletes follow the directions given.

I hereby release and indemnify the Catholic Youth Organization, its Basketball Program, its staff, its volunteers, Our Lady of the Wayside, Maryville Academy, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

\_\_\_\_\_  
Signature of Witness (Adult of 21 yrs or older)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Address, City, Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Area Code & Phone Number

**MEDICAL PERMISSION AUTHORIZATION**

I grant permission for the administration of first aid to my child, \_\_\_\_\_ BY THE PEOPLE IN CHARGE OF THE CYO LEAGUE and those transporting my child to and from the program as their judgment deems advisable. I grant the people in charge of the event the permission to make the necessary referrals to qualified physicians for treatment of illnesses or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when a delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parent/legal guardian of the participant. In the event I cannot be reached, I hereby grant permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary, for my child.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone  
(\_\_\_\_) \_\_\_\_\_

**INSURANCE INFORMATION**

Policy in the Name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_