

Crusaders Basketball

Evaluations to be conducted Monday September 25th with assistance from Gross Catholic High School coaching staff. More information to come.

Boys and Girls Grades 5-8

5th -8th graders are evaluated and teams are split by ability. No team or coach requests will be honored.

- The regular season begins in late-November and concludes with post-season tournaments in early March. **Competitive teams may play 25 to 30 games. Recreational teams may play 16 to 21 games.** Fifth through eighth grade teams can play up to three paid tournaments in addition to the league tournaments.
- Fees include the costs for the league, officials, and assist with fees for tournaments.
- **Basketball uniforms are to be purchased by the parents from Lawlors Custom Sportswear for \$55 for grades 2-8, for those who did not purchase last season. The uniform fee will be paid directly to Lawlors. More information to follow.**
- Volunteers are needed to help coach, run the scoreboard, take admission for home games, and work the concession area. **All parents are required to participate as a volunteer in the program.**
- Christian values: We believe it is important not only to be competitive and learn high level skills, but also to demonstrate our faith through prayer, great sportsmanship, cooperation, teamwork and hard work. Parents/Guardians and Players must complete the Code of Ethics document attached.
- Practice times will be announced for each team once all registrations have been returned. Please return your registration form, along with your payment (**checks made payable to St. Columbkille Athletics**) to the Athletic Office located in the Steinhansen Center. Questions? Please call Sarah at 402-592-1533 or e-mail (sayarpe@saintcolumbkille.org).

REGISTRATIONS DUE NO LATER THAN September 15 - Late Registration Does Not Guarantee a Spot on a Team

Player Name: _____ Gender: M _____ F _____

School You Attend: _____ Grade: _____

RE Students: What day/time you have RE Class: _____ Telephone: H _____ C _____

Mailing Address: _____

Email Address: _____

Special Health Considerations? (i.e. Allergies, etc...) YES NO

REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED OR ARRANGEMENTS ARE MADE WITH THE ATHLETIC OFFICE - ALL FEES ARE FINAL
This year we have eliminated the choice to select only one leagues for grades 4-8. That decision will be made by coach with input from parents.

5th - 6th grade boys/girls -- \$105

7th - 8th grade boys/girls -- \$120

Parents will be purchasing the kids' uniforms for grades 2-8. The cost of the uniforms is \$55 and will be paid directly to Lawlors Sporting Goods.

Parent Volunteer Name: _____ Safe Environment Training (Mandatory) Yes or No

Head Coach _____ Assistant Coach _____ Volunteer _____ Concessions _____

Release and Waiver: I/We the parents or legal guardians of the player named above, a participant in the St. Columbkille Basketball program, hereby give my/our permission for the player to participate in any and all St. Columbkille Basketball activities and events. I understand that athletics and sports are activities which can cause serious injury, for which I am voluntarily giving my child permission to participate in. I/We on behalf of us and the player, assume all risks and hazards incidental to the player's participation, including the risk of injury and/or death, occurring as a result of participation, observation and transportation to and from Basketball activities. I/We, on behalf of ourselves and the player, hereby agree to indemnify and hold harmless, St. Columbkille, the Catholic Youth Basketball League, their organizers, sponsors, employees, all practice field providers, administrators, volunteers, coaches, referees, assistants, or anyone transporting the player to and from Basketball activities, and anyone preparing any playing field from any and all claims for negligent, willful, wanton, unintentional, accidental, or intentional acts or omissions which may occur at any time during the Basketball season, practices, games, or transportation. Notwithstanding the above stated language and without the waiver of any defense of immunity, under the statute or common law from any protected person, the execution of this release/waiver and hold harmless agreement, limits the signer and participating child's right to recovery only to any applicable insurance policy of St. Columbkille or its insurance representatives. I/We hereby certify that sufficient accident and liability insurance covers the player and that I/We will maintain such coverage in force at my/our expense while he/she participates in the St. Columbkille Basketball Program. **Hold Harmless and Indemnity Agreement:** The Basketball Participant and/or Family agrees to defend, protect, indemnify, and hold harmless St. Columbkille Parish and Athletics (and parish staff and volunteers) from all claims arising from the negligence or fault of the above named Basketball Participant and/or Family or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named Basketball and/or Athletics at St. Columbkille. Additionally, the above named Basketball Participant and/or Family agrees to protect, defend, hold harmless, and fully St. Columbkille Parish and Athletics for any claims or cause of action whatsoever arising out of Basketball and/or Athletics which takes place during Basketball and/or Athletics that is brought against St. Columbkille Parish and/or Athletics by the above named Basketball Participant and/or family or their family members whether such claim arises from the alleged negligence of St. Columbkille Parish and/or Athletics, its employees or agents, or Basketball Participant and/or family's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Date: _____ Parent/legal guardian signature: _____ Print name parent/guardian: _____

(Please complete Parent/Guardian/Player Code of Ethics and Concussion Awareness forms attached)
St. Columbkille Parent/Guardian Code of Ethics

I hereby pledge to provide positive support, care & encouragement for my child participating in youth sports by following this Code of Ethics. I understand that the Athletic Program at St. Columbkille Parish is part of the parish's effort to form disciples of Jesus.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, & officials at every game, practice or other youth sports events.
- I will place the emotional & physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe environment.
- I will provide support for coaches & officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol & tobacco-free sports environment for my child & agree to assist by refraining from its use at all youth sports events.
- I will remember that the game is for children & not for adults.
- I will do my best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, & officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraint by assisting with coaches, being a respectful fan, providing transportation or whatever I am capable of doing.
- I will assist as needed by volunteering to work at athletic functions (i.e. concessions, admissions table, time clock, score book, & any other athletic event needs).
- I will ensure my child's commitment to the team by coordinating his/her attendance & timeliness at all practices & games.
- I will refrain from using abusive language, & from contradicting or belittling coaches, officials, players, or other teams.
- I will not use social media to express negative comments or opinions about coaches, players or others participating in the Athletic Program.

Your signature below indicates that you have read the above Parent/Guardian Code of Ethics & agree to abide by its contents

Parent/Guardian Signature

Date

Parent/Guardian Signature

St. Columbkille Athletics

Player Commitment

I understand that playing sports for St. Columbkille is a privilege & an honor. I also understand that the parish is forming me as a disciple of Jesus Christ and my actions should reflect the actions of a disciple. Therefore, I promise to conduct myself in accordance with the following:

- I will do my best to learn the fundamental skills & strategies of my sport.
- I will become familiar with the rules of my sport & make a sincere effort to learn the finer points of the sport & strategies.
- I will, to the best of my ability, maintain appropriate academic & behavioral expectations.
- I will play for St. Columbkille as my primary team, unless I have received the express permission of my coach prior to the beginning of the season.
- I will attend all practices & games, unless I have given my coach reasonable notice of my planned absence.
- I will treat each player, opposing coach, official, parent & administrator with respect & dignity.
- I will conduct myself in all contests in a manner that will bring honor to my team & my parish.
- I will uphold the authority of officials who are assigned to the contest in which I play, & will assist them in every way to conduct fair & impartial competitive contests.
- I will refrain from making derogatory comments about my teammates or opposing players verbally or in social media sites.
- I will recognize the value & contribution of each team member & recognize the importance of being a contributor to the team
- I will keep the importance of winning or losing in perspective.
- I will act to encourage my teammates through positive comments & actions.
- I will respect the property & gym of St. Columbkille & each opposing team, & will do nothing to harm or destroy that property.
- I will do my very best to pay attention at games & practices, give my very best effort in games & practices, & try to prepare myself to the best of my ability.
- I will regularly pray for my teammates and those from other teams.

With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, & will do my best to fulfill the promises made herein.

Sport

Signature of Player

Verification of Receipt of Concussion and Brain Injury Information

The undersigned hereby acknowledge and attest that St. Columbkille Athletics, which has organized an athletic activity in which the youth athlete identified below intends to participate, has provided them with concussion and brain-injury information (e.g., the sheet so titled) The undersigned further acknowledge and attest to their understanding that the information they have been provided pertains to requirements of state law – the Nebraska Concussion Awareness Act – and includes information about the signs and symptoms of a concussion; the risks posed by sustaining a concussion; the actions a student athlete should take in response to sustaining a concussion, including notification of his or her coach or coaches; and the conditions prescribed by law for returning to participation in athletic activities involving physical exertion.

Signature of Youth Athlete

(If age-appropriate; otherwise, the parent/guardian is also signing on behalf of the student athlete)

Youth Athlete's Name Printed

Date

Signature of Parent or Guardian

Parent's or Guardian's Name Printed

Date

**St. Columbkille Athletics
Children with Special Health Needs**

Child's Name: _____
First
Last
Age

Please specify the above child's special health needs, including any restrictions or medications:

Child's Name: _____
First
Last
Age

Please specify the above child's special health needs, including any restrictions or medications:

***Medication in the school office is not accessible after 3:30 p.m. It is recommended that an additional supply of emergency medication(s) be accessible to your child's coach with instructions as needed.**

Parent Signature: _____
Signature
Date

Emergency Care Release

In the event of a medical emergency, I give my permission for the St. Columbkille Athletic League to seek appropriate necessary medical treatment for my child. I further understand that in a medical emergency, the St. Columbkille Athletic coach will attempt to contact me, but in the event I cannot be reached, one of my emergency contacts will be notified.

Emergency Contacts: (1) _____
Name
Phone Number

(2) _____
Name
Phone Number

Parent Signature: _____
Signature
Date