

REGISTRATION FORM: PARA BASKETBALL - ST. AMBROSE

www.cosgriff.org

BASKETBALL

NEW!
2nd grade CO-ED division!
TEAMS
3rd-8th Grade Boys and Girls
10 game season
Single Elimination Tournament

PARA

WWW.PARA-SLC.COM



PARTICIPANT'S NAME: _____

Grade: _____ Age: _____ Gender: _____

Parish: _____

School: _____

PARENT/GUARDIAN'S: _____

Home Phone: _____ Cell: _____

EMAIL: _____

ARE YOU WILLING TO: COACH OR ASSIST

SCHOLARSHIP DONATION \$ _____
(HELP STUDENTS WISHING TO PLAY WITHOUT
APPROPRIATE FINANCES IN THE ST. AMBROSE PARISH)

BASKETBALL DATES

- Oct 8 Open Registration
- Oct 25 Registration Close
Teams Formed
- Oct 26 Coaches Meeting 8pm
- Oct 31 Coaches Safe
Environment/Background Check
- Nov 1 Practices Begin
- Dec 3 First Game
- Jan. 7 Resume season play
- March Tournament

PLEASE MAKE CHECKS PAYABLE TO:

St. Ambrose Sports Program

PLEASE RETURN TO SCHOOL OFFICE:

1. Completed Registration Form
2. Fee
3. PARA Consent Form

REGISTRATION FEE \$70

Due Date: October 25

Any questions may be directed to Brett Allen at ballen@cosgriff.org



Diocese of Salt Lake City
Office of Youth Ministry
27 C Street
SLC, UT 84103

CONSENT TO PARTICIPATE IN PARA

Dear Parent/Guardian:

Your child is eligible to participate in the Parish Athletic Recreation Association (PARA) for the school year 2011-2012 (including the following summer). The group will meet under the guidance and supervision of the staff of _____ School/Parish (the "Location") and in accordance with the policies of the Office of Youth and Young Adult Ministry of the Diocese of Salt Lake City (the "Diocese"). If you would like your child to participate in these events/activities, please review, complete, sign, and return this form (which includes Consent, Release of Liability, and Medical Matters) to your Athletic Director.

STATEMENT

CHILD'S INFORMATION:

Participant's name: _____ Birth date: _____ Sex: M / F
Home address: _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Other (optional): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Relationship to child: _____
Work Phone: _____ Cell Phone: _____
Parent/Guardian 2: _____ Relationship to child: _____
Work Phone: _____ Cell Phone: _____
Parent/Guardian's email (optional): _____
(To send information/updates for Location/diocesan events)

EMERGENCY CONTACTS: In the event of an emergency, if you are unable to reach a parent/guardian above, please contact the following person(s):

Name: _____ Relationship to Child: _____ Phone: _____
Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____

INSURANCE INFORMATION:

Medical/Dental Insurance Company: _____ Policy Number: _____
Address: _____ Phone: _____

CONSENT: I hereby consent to participation by my child in the Youth Ministry Program. I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No consideration, monetary or otherwise, shall be paid.

RELEASE OF LIABILITY: I hereby release and hold harmless the Diocese of Salt Lake City, the Location, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

SPECIFIC MEDICAL INFORMATION

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date(s) of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? No Yes

Any physical limitations? No Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, or fainting? No Yes

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, or N1H1? No Yes

If "Yes" has been marked for any of the above and/or the Location should be aware of this or any other medical conditions of my child, please explain in detail: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Location/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

(If your child **does not take** any prescription or non-prescription medication, please write N/A)

CODE OF CONDUCT

In signing below, you agree to the following. Youth who fail to live up to these expectations may be excluded from activities; or at the time of offense parents will be asked to retrieve their child at their own expense.

- ✓ No possession or use of alcohol, drugs, tobacco, or other illegal/objectionable material.
- ✓ No disruptive behavior, excessive noise, fireworks, lighters, explosives, or weapons of any kind.
- ✓ Dress appropriately and modestly for activities/events. Tasteless and revealing clothing are forbidden.
- ✓ Minors (under 18) may not drive to external event locations and may not drive vehicles during events.
- ✓ Respect the property of others and the facilities. If you break or damage something, you pay for it.
- ✓ Youth must remain with their adult chaperones/leaders and are expected to participate during the entire event/activity. Youth may not leave the conference/activity facilities without an adult leader.
- ✓ Report any accidents, incidents, injuries, or illnesses to an adult leader immediately.
- ✓ Respect the rules of the leaders, event, and facility; such as quiet hours, curfews, and cell phone use.
- ✓ Your behavior should reflect a credit to you, your parents, and the Catholic Diocese of Salt Lake City.

Youth Signature: _____ Date: _____

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Location. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the Location and the Diocese.

Parent/Guardian Signature: _____ Date: _____



**Diocese of Salt Lake City
Employee/Volunteer
Disclosure and Information Form**

CONFIDENTIAL

1. I authorize a criminal background evaluation be performed based on the information provided on this form. _____ (*initial*)

Name: _____ **Social Security Number:** _____

Date of Birth: _____ **Area Code and Phone #:** _____

Street Address: _____

City, State, Zip, and County: _____

Driver's License Number: _____ **State Issued:** _____

2. I have read, understand, and agree to comply with the Safe Environment Program policies of the Diocese of Salt Lake City including the Diocesan Child Abuse Policy, the Code of Ethical Standards for the Diocese of Salt Lake City, and the Safe Environment Program. I understand that I have a continuing duty to disclose the existence of any disqualifying offense as set forth in the Safe Environment Program and that this duty does not terminate until I cease acting in a capacity which is governed by the Safe Environment Program. I also understand that I may be prohibited from serving as an employee or volunteer within the diocese if any of these disqualifying offenses apply to me:

a. I have been arrested for or convicted of any crime (including crimes of record which have been expunged and pleas of "no contest") involving child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felon assault against a minor or any other lewd or immoral act. Yes No _____ (*initial*)

b. I have been found liable for civil penalties or damages in a proceeding alleging sexual, physical or verbal abuse. Yes No _____ (*initial*)

c. I have been subject to any court order involving sexual, physical or verbal abuse including, but not limited to, a restraining order in a civil case or a protective order. Yes No _____ (*initial*)

d. I have been subject to an administrative determination of child abuse or neglect. Yes No _____ (*initial*)

e. I have had parental rights terminated. Yes No _____ (*initial*)

f. I have a history with another organization (volunteer, employment, etc.) of complaints of sexual, physical or verbal abuse. Yes No _____ (*initial*)

g. I have resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual, physical, or verbal abuse. Yes No _____ (*initial*)

h. I have a history of behaviour that indicates I may be a danger to children within the Diocese of Salt Lake City. For example, driving under the influence may not be a disqualifying offense but a pattern of alcohol-related offenses may.

Yes No _____ (*initial*)

Use the following space to explain any questions for which a "Yes" response was provided.

Signature of Employee/Volunteer/Date

3. I have interviewed the employee/volunteer and answered any questions he/she had pertaining to the Safe Environment Program.

Signature of Local DSE/Date

Parish/School/Organization

For Office Use Only

Employee/Volunteer Ministry: _____

Date Initial Criminal Background Screening Completed: _____

Date Criminal Background Screening Update: _____

Results of Background Screening: (*circle one*) Cleared Not Cleared

Name of Person Who Ordered the Background Screening: _____

Date Safe Environment Basic Training Course Completed: _____

Date Safe Environment Recertification Training Completed: _____