

St. Margaret Mary CYO Basketball

To better understand the program, all parents and players are requested to read this letter.

Dear Parents and Players:

C.Y.O. was the first youth basketball program in Westwood. For over forty years St. Margaret Mary has had a very successful basketball program in terms of both winning and enjoyment due to the volunteer efforts of coaches and parents. So this might continue, several points must be made clear.

1. **Religious Education** – Under no circumstances is this program to conflict with Religious Education! Religious Education classes always take priority.
2. **Philosophy** – A great deal of time and effort goes into the program. Commitments are made by the coaches and must be made by the players and their parents. Players are expected to participate in all the practices in order to play effectively in the games. Games are played on weekends and all players are expected to schedule their activities so as to be able to fulfill their commitment to their CYO team. CYO is a competitive league. There are no set provisions for playing time. It is the wish of the coaches that all participants get playing time in each game.
3. **Expenses** – The St. Margaret Mary CYO Basketball Program is a self-supporting activity. We must pay approximately \$50 per hour for Saturday and Sunday gym time in addition to the referee costs \$80 per game and there is an administrative fee for all weekday gym time. We must also consider the expense of basketballs, first aid equipment, **uniforms (to be returned at the end of the season)**, tournaments and the Awards Night.
4. **Registration Fee** - \$190 per player. The fee should not be the reason for anyone to not play in this program. If this does present a problem, please discuss this confidentially with me.
5. **Parental Involvement** – There is a need for parents to assist with score keeping, timing and writing articles about the games for the local newspaper and a Team Administrator to help with preparing the roster etc..
6. **Commitment** – For years, the policy at St. Margaret Mary (and St. Denis) has been school and school teams come first, CYO comes second, and other teams and activities follow. We are insisting on this order. If you have an obligation to other activities (skiing, other basketball teams, hockey, etc.) that will result in you being unable to make the required commitment to CYO, please do not take a position on the team away from another child who can make the commitment.

It is our wish those participating in the CYO program will consider it to be a worthwhile experience in every way.

God bless,

J. Kenneth Foscaldo
St. Margaret Mary
Parish Athletic Director
kenfos4766@gmail.com

Rosters are limited in the # of players and will be filled on a space available basis after October 15th.

St. Margaret Mary Parish, Westwood

2019 - 20 CYO ATHLETICS

REGISTRATION FORM

DUE: OCTOBER 15, 2019

Please print legibly

Name of Participant _____

Street Address _____

City: _____ State: MA Zip: _____

Parent/Guardian email: _____

Parent/Guardian Telephone #: _____

Catholic: Yes _____ No _____

Parishioner of St. Margaret Mary Parish: Yes _____ No _____

Male _____ Female _____ Grade _____ School _____

Player's Date of Birth _____

I also hereby grant St. Margaret Mary CYO permission to use my child's likeness in photograph(s)/video in any and all of its publications and in any and all other media.

Signature of Parent or Guardian _____ Date _____

Please return this completed form with a COPY of the player's birth certificate and the registration fee of \$190 made payable to St. Margaret Mary Athletics and send by **OCTOBER 15th to:**

Ken Foscaldo 35 Norfolk Avenue Westwood, MA 02090

Registrations will not be accepted without a copy of the birth certificate and the "Parental/Guardian Form for a child under 18 Release and Indemnification Agreement"

**IF YOU WOULD LIKE TO VOLUNTEER TO COACH or help with the team
PLEASE CONTACT KEN FOSCALDO kenfos4766@gmail.com**

**Archdiocese of Boston
Parental/Guardian Form for a Child under 18**

RELEASE AND INDEMNIFICATION AGREEMENT

I, the lawful parent or guardian of _____ ("my child", which as used below shall include any and all of my aforementioned children participating in the below event and activities), on behalf of myself and my child, irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Archbishop of Boston, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof (**collectively, "RCAB"**), from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by my child and/or myself while participating in or traveling to or from, or in any way arising out of, the following event or activity: **Boston Catholic Athletics (CYO) Basketball with St. Margaret Mary Parish, Westwood MA in a variety of locations throughout the 2019-2020 basketball season;** and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my child's or my negligent or wrongful act or omission.

I agree to instruct my child to cooperate with and follow the rules of the event or activity referenced above and any instructions of the RCAB. In the event my child does not cooperate with or follow same I agree that my child shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the event or activity referenced above to my home, if so requested by RCAB.

MEDICAL AUTHORIZATION

I appoint RCAB or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB be expected to act if I were personally present, with respect to any injury, illness or medical emergency occurs during the activity.

I authorize RCAB or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for the best interest of my child/ward. I understand that RCAB through its agents will make a reasonable attempt to contact me as soon as reasonably possible in the event of medical emergency involving my child/ward.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCAB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my child/ward's welfare and health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

This power of attorney shall lapse automatically upon completion of the activity listed above that my child/ward is participating in or attending and related activities, and travel if any, and the return of my child/ward to me or my designee. Any revocation of such powers and authority shall not affect any other provision of this Release and Indemnification Agreement, each of which shall continue in full force and effect.

I understand and agree that RCAB is not and shall not be responsible for assuring that my child/ward takes any medication, prescription or otherwise, which may be indicated for my child/ward. There are no medical

conditions, nor any life threatening allergies to foods or medicines, that would limit my child/ward's full participation in the activity or require any special precautions except as I list here:

List any current medications and dosage (prescription and over-the-counter) that the RCAB might need to know about should an emergency arise here:

If any change occurs in the information which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the RCAB.

As evidenced by my signature below, RCAB and/or an agent thereof may use my child/ward's portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and I hereby release, indemnify and agree to defend under the provisions above the RCAB and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

By signing below, I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the RCAB's agreement to allow my child/ward to participate in this voluntary activity, trip or event, and as an inducement to the RCAB to permit such participation, without which it would not do so. I request that my child/ward be allowed to participate in the above-referenced activity, trip or event.

Signature of Parent or Guardian: _____ Date _____

Signature of child: _____ Date _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form: _____

Name of child: _____

Date of Birth of child: _____

Complete Address: _____

City, State, Zip Code: _____

Phone – Work: _____ Home: _____ Cell: _____

#1 Emergency Contact (other than yourself): _____

Relationship _____

Phone - Work: _____ Home: _____ Cell: _____

Family Doctor's Name: _____ Phone: _____

Child's Health Insurance Provider: _____

Membership Number: _____

Name of Parish/School & Town where we participate with Boston Catholic Athletics (CYO Basketball):

St. Margaret Mary Parish, Westwood MA