

St. Joseph Athletics Basketball 2025 – 2026 Registration Form

(Please print legibly. Read thoroughly and complete all information)

Athlete's Name: _____ Birthdate: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Baptism Parish: _____

School: _____ Grade in Fall: _____ Parish: _____

E-Mail: _____

Boys or Girls 5/6 JV Basketball: _____ 7/8 Varsity Basketball: _____ 3/4 Instructional _____

Parish for religious ed: _____ Day/time religious ed: _____

Date of last physical: _____

Athlete must have an updated physical examination on file with the Athletic Director before first team practice.

Registration Fees

JV & Varsity teams

\$190 (check or cash payment)

\$195.70 (credit card payment, includes 3% processing fee)

If paying with cash or check, please bring payment to the first practice.

Please make checks payable to:
St. Joseph Parish

Instructional teams

\$90 (check or cash payment)

\$92.70 (credit card payment, includes 3% processing fee)

ASSUMPTION OF RISK -- PROOF OF INSURANCE

Participation in sports requires an acceptance of risk of possible injury. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury.

We, the athlete and parent, understand that participation in athletics involves the possibility of a serious or even fatal injury. In consideration for our child's opportunity to participate in this program, we, the parents, individually and on behalf of our child, expressly assume any and all risks associated with and arising from such participation, including, but not limited to bodily and emotional injury, at practice, competitive events, and any other related activity, including transportation to and from any event. We hereby release the CYO, Archdiocese of Detroit, any parish and/or school sponsor and all of their agents from any and all liability for any such injury or damage. We will abide by CYO rules, the Expectations in Educational Athletics of CYO and game officials.

I am the parent or legal guardian of the above named student athlete and have read the above and recognize the risk in participation and injury. The student athlete is covered by an insurance policy in effect for the school year. (Please sign below)

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name (Please Print)

Name of Insurance Company

Policy or Group Number

EXPECTATIONS IN EDUCATIONAL ATHLETICS

The administration and staff of our parish, all CYO parishes/schools, and the CYO athletic office wish to make it clear that CYO sports are an educational activity. Athletes, parents, and friends must be aware of our expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are part of the activity, much like the athletes, coaches, and officials. As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.

It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches, and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.

It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.

At all times it is expected that we will respect one another; adults and athletes alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Parents/Guardians indicates that they have discussed the expectations with their student athlete(s) and have read, understand and agree to the above.

Parent / Guardian

**This form will be kept on file with the Athletic Director. A new form must be filed each school year.
Form must be submitted by parents to the coaches at the start of each new athletic season.**

**St. Joseph Parish CYO Basketball
Photo/Video Release Consent Form**

I, the undersigned parent/guardian of _____ (child's name), hereby grant permission to **St. Joseph Parish** and its representatives to photograph and/or video record my child during CYO basketball practices, games, and related parish events.

I understand that these images may be used for:

- Parish and CYO promotional materials (print, bulletin, flyers, posters)
- Parish website and social media pages
- Newsletters or other parish-related communications

I acknowledge that my child's name will not be published without additional consent. I understand that no compensation will be provided for the use of these photographs or recordings.

Yes, I give permission for my child's photo/video to be used as described above.
 No, I do not give permission for my child's photo/video to be used.

Child's Name: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Haziness
- Fogginess
- Grogginess
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

UNDERSTANDING Information for parents and students (Content meets MDCH requirements)

CONCUSSION

What is a concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

If you suspect a concussion

1. SEEK MEDICAL ATTENTION RIGHT AWAY A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports.

2. KEEP YOUR STUDENT OUT OF PLAY

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

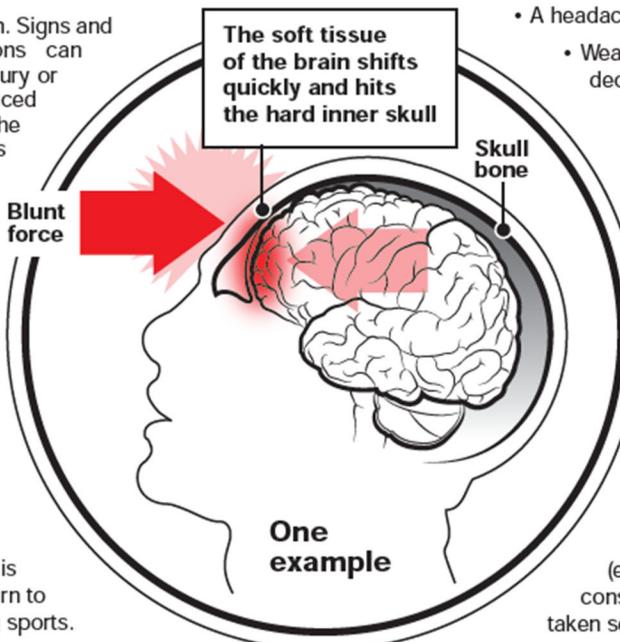
3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION

Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

Concussion danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)



How to respond to a report of a concussion

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion.

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

!!! WHEN IN DOUBT...SIT OUT !!!



CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by St. Joseph Parish – South Lyon, Michigan

Student Name Printed

Parent or Guardian Name Printed

Student Date of Birth

Parent or Guardian Signature

Date

Return this signed form to St. Joseph Parish. The Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.

