

2015-2016 PARISH BASKETBALL COACHES' LIST

Reminder: No coach, assistant coach, or volunteer may volunteer with youth before they have completed their Background Review and the *Safe and Sacred* safe environment training.

Parish (Name and Town): _____

Pastor/Address/Phone: _____

Athletic Director/Address /Phone: _____

~ Please include name/address/phone number/e-mail for coach in each division. ~
(Please circle Parish or School)

CYO Program Fees: \$100.00 per Team and \$25.00 per Player

Boys' 5th & 6th Parish or School: _____

Boys' 7th & 8th Parish or School: _____

Boys' Intermediate: _____

Girls' 5th & 6th Parish or School: _____

Girls' 7th & 8th Parish or School: _____

I have read the rules governing the basketball program. I designate these coaches as representative(s) for their team(s). I will see that these people carry out the spirit of these rules.

Pastor/Principal Signature

#1-10/13

Date

2015-2016 BASKETBALL ROSTER FORM

**Please return to the Office of Youth and Young Adult Ministry by November 13, 2015
 (One form per Team – Thank you)**

CYO Program Fees: \$100.00 per Team and \$25.00 per Player

Parish: _____

Phone: _____

Coach: _____ Phone and Email: _____

***2016 State Tournament will be an open Tournament with all 5th – 6th teams playing in the Bantam Division and with all 7th – 8th teams playing in the Cadet Division. Please mark your team down as a SCHOOL or PARISH for Identifying purpose only.**

Check	Division	Check	Division
	Boys' Bantam 5 th & 6 th Catholic School		Girls' Bantam 5 th & 6 th Catholic School
	Boys' Bantam 5 th & 6 th Parish		Girls' Bantam 5 th & 6 th Parish
	Boys' Cadet 7 th & 8 th Catholic School		Girls' Cadet 7 th & 8 th Catholic School
	Boys' Cadet 7 th & 8 th Parish		Girls' Cadet 7 th & 8 th Parish
	Boys' Intermediate		

Please list any requested exemptions in order to approve the roster of this form (multi-parish, non-Catholics, number of games played, age requirements, etc.). Please specify.

I acknowledge that I have read the rules governing eligibility in the basketball rule book (revised August 2015) and that this roster has been submitted in accordance with the rules.

_____ Single Parish Team _____ Multi-Parish Team _____ Catholic School Team

 Coach's Signature

 Date

 Pastor/Principal's Signature

 Date

#2(a)–10/13

2015–2016 BASKETBALL TOURNAMENT APPLICATION

Please return to the Office of Youth and Young Adult Ministry by January 29, 2016
Please use one form per Team.

Parish: _____ Town: _____

Check	Division	Check	Division
	Boys' 5 th & 6 th CS		Girls' 5 th & 6 th CS
	Boys' 5 th & 6 th Parish		Girls' 5 th & 6 th Parish
	Boys' 7 th & 8 th CS		Girls' 7 th & 8 th CS
	Boys' 7 th & 8 th Parish		Girls' 7 th & 8 th Parish
	Boys' Intermediate		

Coach's Name: _____

Coach's Address: _____

Phone: _____ Email: _____

Our Team plans on attending the New England Tournament if qualified and we committ to this attendance.

***Amount Due: \$ _____ (Entry Fee, see below, must accompany this application.)**

I, _____ have read the rules governing the basketball program.
 Pastor / Principal

I designate these coaches as representatives for their team. I will see that they carry out the spirit of these rules.

Date: _____

***Entry fee is \$75 per team for the first 4 teams from a Parish/School \$50 for every team after-- to be submitted with the tournament forms. Checks may be made payable to: Vermont CYO – Office of Youth and Young Adult Ministry. (Please mark all checks with parish name)**

**THIS FORM MUST BE SUBMITTED TO THE OFFICE OF YOUTH AND YOUNG ADULT MINISTRY BY NOVEMBER 13, 2015.
 New players must include a Xerox copy of either a Birth or Baptismal Certificate (non-returnable).**

MEDICAL RELEASE FORM

To be completed by parents/player before the sports season in which he/she will participate and returned to the coach on or before November 9, 2015. This form must be seen by the Physician ONLY if you need an exam.

Name: _____ Date of Birth: _____

Mailing Address: _____

City/Town, Zip Code: _____ Phone Number: _____

Parent/Guardian Name(s) _____

1. We recommend that you have a complete physical examination by a physician or health care facility within two years of the end of the season. *If physical is needed, please have physician complete reverse side.*
2. If you have had an injury or illness that has lasted longer than a week in the six months prior to the date of this form, then you will need a statement from the physician regarding this condition with his/her assessment regarding your ability to participate in the sport.

Approximate date of last complete physical exam by a physician or health care facility: _____

Height: _____ Weight: _____ Name of Physician: _____

Health Care Facility/Practice: _____

Please review the following questions. - Any YES answer requires a full explanation on an attached sheet.

1. Have you ever been told you could not participate in a sport?
2. Have you ever been unconscious or lost memory from a blow to your head?
3. Have you ever had a fracture or dislocation?
4. Have you ever had a knee or ankle sprain?
5. Have you ever had any other injuries?
6. Are you under a physician's care now?
7. Do you take any kind of medication every day?
8. Have you had an illness lasting longer than one week?
9. Do you have any allergies? (Food, medication, hay fever, asthma, etc.?)
10. Have you been in the hospital for an operation or for any reason?

Yes	No

A. We have adequate family insurance. Our insurance will provide coverage for our son/daughter.

Insurance Company: _____ Policy/Group/ID #: _____

B. I give my permission for _____ (my son/daughter) to participate in the Vermont CYO Basketball program events and certify that he/she is physically fit, and I release the parish, the Roman Catholic Diocese of Burlington (Office of Catholic Formation) from any liability in the event of any injury resulting from an accident while participating in supervised practice and games.

Signature of Parent/Guardian: _____

Date: _____

EVALUATION FOR COMPETITIVE SPORTS - INSTRUCTION TO PHYSICIANS

This young person is going to enter a program of strenuous activity. A general physical exam is important every two years to assess general health but more importantly, we should concentrate on the following things in this appraisal to prevent future harm.

I. GENERAL

- A. Cardiopulmonary System
- B. Abdomen
- C. Skeletal system, especially for flexibility of various joints
- D. Secondary sex characteristics
- E. Review of medical history questionnaire filled out by parent and student

II. CONDITIONS WHICH MAY GENERALLY ACT AS DISQUALIFIERS

- A. Enlargement of the spleen after mononucleosis or of the liver after hepatitis
- B. Bleeding disorders
- C. Asthma only during acute episodes or exercise-induced asthma not controlled by medication
- D. Acute or chronic strains and sprains of joints
- E. Epilepsy if uncontrolled by medication
- F. Persistent hypertension not controlled by medications or salt restriction
- G. Maturity ratings of 1-3 should not be competing with maturity ratings of 4-5 in contact or strenuous sports.
- H. Acute infection until fever-free for 48 hours
- I. Herpes simplex - very contagious among wrestlers and should be disqualifying until all lesions are healed

III. CONDITIONS WHICH DISQUALIFY ATHLETES FROM STRENUOUS SPORTS

- A. Physical signs suggesting mitral or aortic stenosis
- B. Coarctation of the aorta or prolapse of the mitral valve or postinfectious carditis - needs to be evaluated by cardiologist
- C. Ectopic beats that do not disappear when the pulse rate goes above 140 with exercise - needs to be evaluated by cardiologist

IV. CONDITIONS WHICH DISQUALIFY ATHLETES FROM CONTACT/COLLISION SPORTS

- A. Loss of paired organ - eye, kidney, testicle
- B. Concussions - if athlete has one concussion, he/she should be removed from game; two concussions, disqualified for season, three concussions, disqualify permanently from contact/collision sports
- C. Severe strain or sprain or fracture of a limb that has not been evaluated within three months before participating in a contact sport, athlete must prove that limb is back to pre-injury

V. TESTS OF MUSCULO-SKELETAL CAPABILITIES

If the participant cannot do the following 5 tests, he/she should be re-evaluated by an orthopedist before being allowed to participate in strenuous activity

- A. Rotate his/her head in all directions.
- B. Do a shoulder shrug.
- C. Place both hands together behind head on neck
- D. Bend and touch toes with knees straight
- E. Duck walk with buttock on heels.

After reviewing his/her history and completing the physical exam based upon the above information, are there any restrictions on participation in physical activities for this athlete? Any recommendations prior to full activity in this desired sport?

I feel this young person can participate in the sport of his/her choice based upon the above information providing he/she can pass the physical fitness requirements set forth by the coach and school in regards to this sport.

Date: _____ Signature of Physician: _____

CLASSIFICATION OF SPORTS

Strenuous - contact-collision:

Football, ice hockey, rugby
Wrestling

Strenuous - non-contact:

cross-country, gymnastics
swimming, skiing, tennis
Track and field

Strenuous-limited contact

basketball, field hockey
soccer, volleyball

Moderately strenuous:

baseball, golf, table tennis

Non-strenuous: Archery, bowling

#5(b)-10/13