

**ST. JOSEPH FULLERTON
ATHLETIC
ASSOCIATION**

2012 BASKETBALL REGISTRATION INFORMATION

SJAA Basketball Clinic Information: (Age determined as of September 1)

Ages 4-5 (Pre-K & K Clinics): Co-ed Play

Ages 6-7 (Intermediate Clinic / In-House League): Co-ed Play

Ages 8-9 (Advanced Clinic / In-House League): Co-ed Play

Ages 10-12 (CYO Leagues): Girls & Boys Leagues

Ages 12-14: (CYO Leagues): Girls & Boys Leagues

Program Descriptions:

The Pre-K & Kindergarten Basketball Clinics are designed to introduce fundamentals with various dribbling, shooting, passing and defensive drills. Volunteer coaches will lead practices for 45-50 minutes which eventually include controlled scrimmages on 6ft. baskets. These clinics will be held in the SJ Gymnasium on Saturdays 9am – 10:45am starting December 10, 2011 – February 25, 2012.

The Intermediate Clinic and Advanced Clinics are also designed to introduce fundamentals during practices. Volunteer coaches will lead practices for 60 – 75 minutes the first 2-3 weeks followed by an in-house league schedule of controlled scrimmages on 8ft. baskets. These clinics will be held in the SJ Gymnasium on Saturdays 11am – 4pm starting December 10, 2011 – February 25, 2012.

CYO Leagues have separate girls and boys teams that practice one weekday night a week in the SJ Gymnasium and then play in highly competitive basketball leagues locally on Saturdays (boys) and Sundays (girls). Anyone is encouraged to register but a limited number of teams will be formed for each age group. Roster sizes for team practices will be unlimited and roster sizes for competitive games will be managed by team volunteer coaches. Team practices will begin late October. Games will begin in December and continue through February.

Registration Fees & Forms:

Ages 4-5: Registration fee is **\$50** per child

Ages 6-7 & Ages 8-9: Registration fee is **\$50** per child

Ages 10-12 & Ages 12-14: Registration fee is **\$55** per child

Parents must fill out a player registration form (on back of this flyer or available at www.sjaa.us) and return with payment. This (CYO) registration form is mandatory for children ages 10-14. However for parents with children ages 4 – 9, please fill-out the top portion (name, age and contact information) and provide parental signature only for in-house registration purposes.

Send the registration form and checks made payable to “SJAA Basketball” through St Joseph School, Attn: Chris Archacki, c/o William 2A. In addition, there will be an **in-person registration** at the back of St. Joseph Church in the lower room on **Tuesday, September 27 from 6:15 to 7:30 pm.**

Forms and fees must be received by SJAA no later than October 15 for CYO participants and November 1 for clinic participants.

Questions? Contact Chris Archacki, SJ Basketball Coordinator at carchacki@loyola.edu or 410-617-2718.

Season _____

ARCHDIOCESE OF BALTIMORE BASKETBALL PLAYER CONTRACT

TEAM : _____ AGE GROUP: _____ BOY _____ GIRL _____

NAME : _____ PHONE : _____

ADDRESS : _____ BIRTHDATE : _____

_____ ZIP CODE : _____

SCHOOL : _____ GRADE : _____

PARISH : _____ CYO BASKETBALL I.D. # _____

IS THIS YOUR **FIRST YEAR** PLAYING CYO BASKETBALL ? YES _____ NO _____

HAVE YOU EVER PLAYED ON A **DIFFERENT** PARISH OR CLUSTER TEAM YES _____ NO _____

IF YES ,WHAT PARISH OR CLUSTER SCHOOL ? _____

WHAT IS YOUR RELIGIOUS AFFILIATION ? (PLEASE CIRCLE ONE) CATHOLIC -OR - NON-CATHOLIC

ELIGIBILITY INFORMATION (PLEASE MARK ONE)

- 1. ANY BAPTIZED CATHOLIC WHO IS OFFICIALLY REGISTERED IN THE PARISH.
- 2. ATTENDS PARISH SCHOOL.
- 3. GRADUATE OF PARISH SCHOOL
- 4. ATTENDS CLUSTER OR REGIONAL SCHOOL
- 5. CATHOLIC BUT PARISH DOES NOT HAVE A TEAM
- 6. NON CATHOLIC LIVING WITHIN THE PARISH BOUNDARIES.

PLAYER'S SIGNATURE : _____

COACH'S SIGNATURE : _____

PARENT / GUARDIAN AUTHORIZATION

IN CONSIDERATION OF THE WHOLESOME RECREATION AND/OR LEARNING EXPERIENCE IN WHICH MY CHILD WILL PARTICIPATE, I/WE, AS PARENT(S) OR GUARDIAN(S) OF _____ ALLOW MY CHILD TO PARTICIPATE IN ARCHDIOCESAN BASKETBALL LEAGUES. BY SO PERMITTING MY CHILD TO PARTICIPATE, I/WE EXPECT REASONABLE AND ADEQUATE SUPERVISION OF MY CHILD. IT IS THUS AGREED THAT I/WE WILL HOLD THE INDIVIDUAL PARISH, SCHOOL, GYM SITE, AND THE ROMAN CATHOLIC ARCHBISHOP OF BALTIMORE, A CORPORATION SOLE, AND ALL THEIR AGENTS, SERVANTS AND EMPLOYEES HARMLESS FROM ALL LIABILITY AND ALL LEGAL PROCEEDINGS ARISING FROM ANY INJURIES CONNECTED WITH GAMES, PRACTICES, OR TRANSPORTATION TO AND FROM SAME, UNLESS CAUSED BY OR DUE TO GROSS NEGLIGENCE OF EITHER THE CORPORATION, THEIR AGENTS, SERVANTS, OR EMPLOYEES.

I HEREBY GRANT PERMISSION TO THE ADULT COACH IN CHARGE TO OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC FOR MY CHILD IN THE EVENT THAT I CANNOT BE REACHED. FURTHER, I HEREBY INFORM PERTINENT MEDICAL PERSONNEL THAT THERE ARE/ARE NOT MEDICAL CONDITIONS THEY SHOULD BE AWARE OF AS ATTACHED TO THIS FORM. MY CHILD IS COVERED BY MEDICAL INSURANCE WITH: _____

POLICY NUMBER : _____

BY YOUR SIGNATURE YOU HAVE ACKNOWLEDGED THAT YOU CHILD HAS COMPLIED WITH ALL CYO RULES ON AGE AND ELIGIBILITY. PLAYERS FOUND TO BE INELIGIBLE WILL BE SUSPENDED THE CURRENT SEASON AND THE NEXT.

PARENTS SIGNATURE / DATE : _____