

ST. JOSEPH SCHOOL
2010-2011 Basketball Registration

Summary 2009-2010 Basketball Season

We are very proud to report that St. Joseph School had ten teams on the court for the 2009-2010 season. Over 150 basketball games were played with more than 100 children participating. Congratulations to all our coaches and players. Our BJV6 team (Head Coach John O'Brien) won their 2nd consecutive championship and our BJV5 (Head Coach Michael Connolly) completed the regular season in 1st place and finished in 2nd place after making it to the Championship game.

We must now begin sign-ups for next fall. This will allow us to find out how many teams we will have for next year. Below you will find all the coaches, teams and proposed practice times.

Immediate Needs: All coaching positions are full. Yeah! Hopefully, Janet Stauder will coordinate the Snack Bar at home games.

Tentative Practice Schedule Based on Parish Approval

Grade	Coach/Assistant Coach	Practice Times
3 rd Grade Girls	Peggy Timoney	Start Week of 10/1/09 – Tuesday 2:30 – 4:00pm Start Week of 10/1/09 – Thursday 2:30 – 4:00pm
4 th Grade Girls	Peggy Timoney	Start Week of 10/1/09 – Sunday 2:30 – 4:00pm Start Week of 10/1/09 – Tuesday 6:00 – 7:30pm
5 th Grade Girls	Dennis Grabowski	Start Week of 10/1/09 – Sunday 1:00 – 2:30pm Start Week of 10/1/09 – Wednesday 4:30pm – 6:00pm
6 th Grade Girls	Lisa Luciano	Start Week of 10/1/09 – Thursday 6:00 – 7:30pm Start Week of 10/1/09 – Saturday 10:30 – 12:00pm
7 th & 8 th Grade Girls	Paul Stauder	Start Week of 10/1/09 – Thursday 7:30 – 9:00pm Start Week of 10/1/09 – Saturday 6:00 – 7:30pm
Grade	Coach/Assistant Coach	Practice Times
3 rd Grade Boys	Scott Douglas	Start Week of 10/1/09 – Monday 6:00pm – 7:30pm Start Week of 10/1/09 – Tuesday 4:30pm – 6:00pm
4 th Grade Boys	Paul Stauder	Start Week of 10/1/09 – Friday 6:00pm – 7:30pm Start Week of 10/1/09 – Saturday 3:00 – 4:30pm
5 th Grade Boys	Lou Matirko	Start Week of 10/1/09 – Wednesday 6:00 – 7:30pm Start Week of 10/1/09 – Saturday 9:00 – 10:30am
6 th Grade Boys	Michael Connolly	Start Week of 10/1/09 – Thursday 4:30 – 6:00pm Start Week of 10/1/09 – Saturday 12:00 – 1:30pm
7 th & 8 th Grade Boys	John O'Brien	Start Week of 10/1/09 – Tuesday 7:30 – 9:00pm Start Week of 10/1/09 – Wednesday 7:30 -9:00pm Start Week of 10/1/09 – Saturday 1:30pm – 3:00pm

COACHES WILL NOTIFY TEAMS OF EXACT START DATES

REFERENCE PRACTICE SCHEDULE

1) **How do I sign up?**

Remember to sign-up your child for the grade he/she will be in next fall 2010. Enclosed are four forms that you MUST complete – Registration, Permission to Participate, Emergency Medical Authorization and SAGE Forms (which MUST be signed by the parent, player and coach).

2) **Where do I mail the forms?**

Please mail ALL forms to: Scott Douglas, 15 Twin Park Drive, Randolph, NJ 07869.

DO NOT DROP OFF AT THE OFFICE

3) **What is the deadline?**

ALL forms MUST be postmarked by June 25th to avoid late fees.

What is the fee?

Grades 5 – 8 is \$100.00; Grades 3 and 4 is \$65.00. Please send check payable to St. Joseph School in the amount of either \$100.00 or \$65.00 with the above forms.

4) **What is the deposit fee?**

Grades 4 – 8 require a \$50.00 uniform deposit fee per child. Please make a SEPARATE deposit check for EACH child. These checks will be destroyed once your uniform is returned next year. This check should also be made out to St. Joseph School.

5) **What is the late fee if I sign-up after 6/25/10**

Below you will find our late fee schedule:

Late Fee (after 6/25/10- 10/1/10)

Grades 5-8: Registration Fee \$125.00

Grades 4: Registration Fee \$ 75.00

Grades 3: Registration Fee \$ 75.00

New families will not be subject to late fee

6) **What happens if my child decides not to play next fall? Can I get a Refund?**

Yes. If you sign-up your child now and he/she decides not to play next fall, you can notify me by October 1, 2010. No refund after this date.

7) **Are there try-outs?**

No. Everyone makes the team.

8) **Donation**

If you would like to make a donation to our program, please add it to your Registration check. Thanks.

If you have any questions, concerns or comments about our program, please call me on my cell 908.337.5797.

Sincerely,

***Scott Douglas
Athletic Director
St. Joseph School***

P.S. It is an honor and privilege to have all your children playing basketball at St. Joseph School.

ST. JOSEPH SCHOOL
2010-2011 BASKETBALL REGISTRATION

Instructions:

- 1) Complete four **SEPARATE** forms – Basketball Registration Form, Permission to Participate, Emergency Medical Authorization and SAGE Form (which must be signed by the parent, players and coach) for **EACH** athlete.
- 2) Submit two **SEPARATE** checks (Registration Fee Check and Uniform Deposit Fee Check*) for **EACH** athlete. (**Please note: NO uniform Deposit Fee is required for Grade 3. Uniform Deposit Check will not be cashed unless the uniform is not returned at the end of the season).*
- 3) **Make all checks payable to St. Joseph School.**

SPRING REGISTRATION FOR 2010-2011

Grades 5 - 8	Registration Fee \$100.00	Uniform Deposit Fee \$50.00
Grade 4	Registration Fee \$ 65.00	Uniform Deposit Fee \$50.00
Grade 3	Registration Fee \$ 65.00	NO Uniform Deposit Fee

LATE REGISTRATION FEE AFTER 6/25/10

Grades 5 – 8	Registration Fee \$125.00	Uniform Deposit Fee \$50.00
Grade 4	Registration Fee \$ 75.00	Uniform Deposit Fee \$50.00
Grade 3	Registration Fee \$ 75.00	NO Uniform Deposit Fee

REMINDER: Sign-up your child for the grade that he/she will be in next fall 2010

Athlete: _____ **Grade:** _____

Address: _____

Phone: _____ **Cell Phone:** _____

Work Phone: _____ **E-mail:** _____

Parent/Guardian: _____

Circle if you are willing to help with:

Scoreboard **Team Parent** **Coach / Assistant Coach**
Donation: If you would like to make a donation to our program, please add to your Registration Check.

Athletic Department

PERMISSION TO PARTICIPATE

Athlete: _____ **Sport:** BASKETBALL

Address: _____

Phone: _____ **Cell Phone:** _____

Business Phone: _____

I (We) hereby permit my (our) son/daughter to participate on the basketball team and to engage in all activities related to the team, including, but not limited to trying out, practicing and playing in competitions. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries and serious injury to muscles, internal organs, and/or brain, associated with said participation and recognize the importance of following coaches' instructions regarding playing techniques, training guidelines and team rules. As part of this agreement to permit my (our) son/daughter to participate on the ST. JOSEPH BASKETBALL team, I (We) also agree to provide the school administration the following forms, fees or information:

- | | |
|--|---------------------------------|
| _____ <i>Physical Examination Form</i> | _____ <i>Insurance Waiver</i> |
| _____ <i>Emergency Medical Authorization</i> | _____ <i>Training Rules</i> |
| _____ <i>Eligibility Information</i> | _____ <i>Participation Fees</i> |
| _____ <i>Permission to Participate</i> | _____ <i>Team Rules</i> |

I (We) acknowledge that we have been properly advised, warned and cautioned by the administration and coaching personnel of the ST. JOSEPH school system that participation in athletics can result in an athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of injury from participation in BASKETBALL, it is our decision to consent to my (our) son's/daughter's participation.

Parent/Guardian Signature

Date

Athlete's Signature

Date

Athletic Department

EMERGENCY MEDICAL AUTHORIZATION

Purpose: For parents/guardians to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Athlete: _____ **Sport:** Basketball

Address: _____

Phone: _____

Cell Phone: _____

Work Phone: _____

Name of School: St. Joseph School

Parent/Guardian: _____

In the event reasonable attempts to contact me _____ (parent/guardian) are unsuccessful, I (We), the undersigned parent/legal guardian of _____ (athlete), do authorize any hospital, clinic or licensed physician to treat my/our child and administer any x-ray examination, anesthetic or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic or office.

Our preferred physician is _____ whose phone # is _____. Our preferred dentist is _____ whose phone # is _____. Our preferred hospital is _____. In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the school's athletic trainer or coach to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

Signature of Parent/Guardian

Date

List of restrictions/physical impairments:

List of special medications taken by child:

Athletic Department

St. Joseph School

Sportsmanship

Pledge

This Pledge summarizes important elements of the youth sports experience and sets out your commitment to Sportsmanship and Fair Play. Signing it is a condition of your participation in the St. Joseph School Athletic Program.

Important Information about youth and sports

Kids participate in sports primarily because it's fun. Adults need to keep it fun. Some adults get too emotional about youth sports because they are concerned about how their kids are doing, have the mistaken belief that winning is very important, or have a desire for glory through their kids' success. That last one is part of the concept of living through your kids.

Kids need to know that if they're trying their best, they are winners. Parents need to remember that their kids will not be great at everything. Recognizing that, parents can help most by relaxing and enjoying these fleeting years.

Placing too much pressure on kids to perform well creates stress that can detract from their fun and can affect their self esteem. Instructions shouted to players are distracting, usually too late, and sometimes inaccurate or in conflict with what the coach is teaching.

My Pledge to Set a Good Example

I will not be loud or negative towards players, referees, coaches or spectators. I acknowledge that failing to show respect for people who are doing the best they can set a bad example for our children and can result in my expulsion from the field of play. If someone else makes an inappropriate comment, I will not make a negative response that could lead to a confrontation. As a player, I should not act in a way that could lead to ejection from a match or embarrassment for my team.

When I coach I will remember that encouragement and praise for every child, not just the best athletes, are critically important to their self-esteem and their ability to achieve the most they can.

I recognize that striving to win, rather than winning itself, is what is important in sports and in life. Striving to win means doing the best you can.

I recognize that players must get playing time to improve and gain the confidence that helps them do the best they can. I acknowledge that this is more important than winning games.

I acknowledge that making mistakes and losing are part of life. I pledge that I will be tolerant of the mistakes of players, coaches, referees, and others. I recognize that mistakes are opportunities for learning.

I recognize that within the parameters of competition, sportsmanship and fair play are paramount. I pledge that I will commit to promoting an atmosphere of healthy competition to ensure fun for all participants.

I acknowledge that I have read and will follow the St. Joseph School Athletic Program Policy. I understand that its purpose is to encourage team and school spirit, unity, and emphasize Christian values in all aspects of competition.

I also understand that fairness and good sportsmanship are important to the St. Joseph community. Therefore, I agree that if I do not follow this commitment, I will be given a warning by the Athletic Director, the second infraction will be a one game suspension and the third will be suspension for the season.

Signed:

Signed:

(Circle one: Player, Parent, Coach, Other)

(Circle one: Player, Parent, Coach, Other)

Signed:

Signed:

(Circle one: Player, Parent, Coach, Other)

(Circle one: Player, Parent, Coach, Other)

Note: If a parent is also a coach, that parent should sign as a coach