OUR LADY OF GOOD COUNSEL / BCCYO
2025-2026 SEASON REGISTRATION FORM

Return by November 10th

"PRINT LEGIBLY"

Please check one:
Basketball (co-ed) ____ 3rd/4th Grade ____ 5th/6th Grade
Basketball (boys) ____ Modified (7th/8th Grade) ____ JV (9th/10th Grade) ____ Varsity (11th/12th Grade)

Athlete's Name: _____ Birthdate: _____Grade_____

Athlete's Address: _____Home PH: _____

Father's Name: _____ Email: _____Phone: _____

Mother's Name: _____ Email: _____Phone: _____

Check One: ____ Athlete HAS NEVER participated in CYO sports (Pee Wee, Modified, JV, or Varsity level) in the past
____ Athlete HAS participated in CYO sports in the past.
Please provide sport, team name(s) & Level(s): _____

Important Note: OLGC is putting a focus on player behavior/conduct. At the Moderator's discretion, a player may be removed from their respective team if their behavior warrants it.

FEES: (Please make checks payable to Our Lady of Good Counsel)
Parishioners: $50 per athlete
Non-Parishioners: $60 per athlete
Please make sure this application is filled out completely as it will be kept on file at the church office. This information will be made available to the BCCYO staff upon request. At the completion of OLGC-CYO registration you will be contacted by the appropriate coach for practice times and schedules.

Check One: ____ Athlete's family is registered with a Catholic Parish. Parish registered _____
____ Athlete's family is Catholic but not registered at a Parish ____ Athlete's family is not Catholic
Check One: ____ Athlete attends school. School attending _____ Grade _____
____ *Athlete is a GED student ____ *Athlete is home schooled
*Written verification mush be attached to this registration form for any GED or Home Schooled student.

Is the participant actively participating in religious education program? Yes____No____ Where? _____
If you are a member of Our Lady of Good Counsel, or any other parish but playing for OLGC, the participant is required to register for and attend Faith Formation classes. This pertains to Grades 1-10. Faith Formation attendance will be monitored for availability to participate.

School Verification (9th-12th grade students only): This portion must be completed and signed by a school administrator (principal, vice principal, guidance counselor) at the school where the Athlete is registered. Form will not be accepted if not signed by school administrator.
I certify that _____ (Athlete's name) is considered an active and registered student who is attending school on a regular basis. This student is NOT currently under any type of in or out of school suspension.

Administrator's Name (print):_____ Signature: _____

Position of School Administrator: _____Phone #: _____ Date: _____

Please also complete 2nd page of this form

2025-2026 OLGC / BCCYO
Registration Form (Con't)

I would be willing to help as: Head/Assistant Coach _____

Help with: Clock/Scoreboard _____ Collect Admissions _____

Insurance Confirmation: Any costs associated with an injury sustained by my child while participating in the BCCYO basketball program are my responsibility. The Athlete registered on this form has medical insurance, **which is mandatory for participation in BCCYO basketball**. I am responsible for immediately informing my child's coach of any changes to the information provided on this form.

Media Consent: I hereby give consent to the BCCYO to use any photos, quotes or images that reflect my child's/family image. I will not hold BCCYO responsible for any misrepresentation by the media or mistakes appearing in printed or electronic media.

I understand that any false information or forgeries can result in the Athlete's dismissal from the program.

Parent (or Legal Guardian) Name (Print): Phone:_____

Address: _____

Relationship to Athlete: _____Email:_____

PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM

To Whom it May Concern:

As parents, we request that our child _____ be allowed to participate in Our Lady of Good Counsel CYO sports program for the 2025-2026 season. I understand that all teams will have competent adult supervision and that appropriate measures will be taken to minimize the risk of injury. I give consent for my child's coach, staff members or adult volunteers, under whose supervision the program is conducted, to secure any necessary emergency medical care and treatment that may be necessary for my child as a result of participation in games, practices, or travel to and from any event associated with participation, if provided by such as a coach, volunteer or staff member. I accept the consequences of the decisions made and the emergency care and treatment given to my child in the event I cannot be reached and my child is in need of emergency treatment. In case of accident, injury or loss, neither I nor any member of my family will hold the event facility, the group sponsoring the event, the coach or any person or organization affiliated with the event responsible or liable.

Primary emergency contact name:_____

Home Phone: _____Cell Phone: _____

Secondary emergency contact:_____Phone: _____

Parent's name(s): _____

The following parent signature assures that all information included in this form is accurate.

Parent's signature: _____ Date: _____

Moderator's signature: _____ Date: _____