OUR LADY OF GOOD COUNSEL / BCCYO
2026-2027 SEASON REGISTRATION FORM

Return by November 8th

"PRINT LEGIBLY"



Please check one:

Basketball (boys) ____ Modified (7th/8th Grade) ____ JV (9th/10th Grade) ____ Varsity (11th/12th Grade)

Athlete's Name: _____ Birthdate: _____Grade_____

Athlete's Address: _____ Jersey Size: _____

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 Coach'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: $100 per athlete (Includes uniform jersey with last name – TO KEEP!)
Non-Parishioners: $120 per athlete (Includes uniform jersey with last name – TO KEEP!)
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.

Is the Athlete's family registered with a Catholic Parish. Parish registered _____

Is the participant actively participating in religious education program? Yes_____ No_____

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 7-10. Faith Formation attendance will be monitored for availability to participate.

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

Help with: Clock/Scoreboard _____ Collect Admissions _____

Please also complete 2nd page of this form



2026-2027 OLGC / BCCYO
Registration Form (Con't)



PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM

To Whom it May Concern:

As parents, we request that our child _____ be allowed to participate in the Our Lady of Good Counsel CYO sports program for the 2026-2027 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 needs 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.

Insurance Confirmation: Any costs associated with an injury sustained by my child while participating in the BCCYO basketball program is 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.

School Verification: I certify that _____ (Athlete's name) is considered an active and registered student who is attending school on a regular basis. This student is in good standing with the school and not currently under any type of in or out of school suspension.

This information will be verified with the high school this student/player attends.

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:_____

Additional emergency contact:_____ Phone: _____

Additional emergency contact:_____Phone: _____

The following signature affirms that all information included on this 2-page form is accurate.

Parent/Guardian signature: _____ Date: _____