

**Please print this form and fill it
out with pen, then return it to
the OLGCR Rectory.**

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 must 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:** _____