

Diocese of Metuchen
Office of Youth & Young Adult Ministry
CYM Basketball League 2025/2026 Player Registration Form

Player's Information

Student Name: _____ Age: _____

Date of Birth _____ Grade _____

Parent / Guardian _____

Phone - Home (_____) _____ Cell (_____) _____ Work (_____) _____

Parent's Email Address: _____

Address _____

City / State / Zip _____

Emergency contact _____ Phone: (_____) _____

Health Insurance Company: _____

Policy Number: ____2_____ Policyholder Name: _____

Doctor's Name: _____ Doctor's Phone #: _____

Hospital Preference (in case of emergency): _____

IMPORTANT

I consent to my child, _____ ("my child"), participating in the CYM Basketball League and consent to the mode of transportation as indicated (see page 2). My child and I will abide by the rules and regulations of the Diocese of Metuchen, its affiliated organizations including CYM Sports.

I specifically waive and release any and all claims of any nature which I may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Player's Name

Signature: _____ Signature: _____
Signature of Parent/Legal Guardian Player's Signature

Date: _____ Date: _____

SIGN BOTH SIDES OF THIS FORM. INCOMPLETE FORMS WILL MAKE PLAYER INELIGIBLE TO PLAY.

REGISTRATION FORMS MUST BE SUBMITTED PRIOR TO THE BEGINNING OF THE BASKETBALL SEASON FOR PARTICIPANT TO PLAY.

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Parent/Guardian: Please read carefully and sign below.

MEDICAL RELEASE

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the CYM Basketball League. Should emergency medical treatment be necessary and I cannot be reached immediately, I authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication. In the event that my child requires medication during the above described activity, I understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

PHOTO RELEASE

I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS

I agree that I have read and fully understand the *Office of Youth & Adult Ministry's/CYM's Policies, Rules of Conduct & Bylaws* (available on www.diometuchen.org) and I agree to adhere to them. I agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I assume all responsibility and transportation costs.

In witness thereof, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Parent/Guardian Name (Print): _____ Date: _____

Signature of Parent/Guardian: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

During the hours of basketball activities I can be reached at (phone/cell phone number): (____) _____

Notary Public (REQUIRED): _____ **Date:** _____