

CHURCH LEAGUE BASKETBALL FOR HIGH SCHOOL YOUNG MEN

Thanks for your interest.

Reminder that you **must not** be playing basketball for your high school basketball team at anytime this school year.

You must be a parishioner of St. Francis Xavier to be on the team.

The fee is \$100, which includes team t-shirt.

Your eligibility form and fee need to be in **NO LATER** than October 30th.

You are not officially part of the team until your fee and form have been submitted to the parish office.....so hurry and get both in ASAP!

T-shirts need to be ordered so that we have them in time for the first game.

Practice for this league will be on Wednesday evenings from 7-10:00 pm.

Freshmen practice 7-7:45pm; Sophomores practice 7:45-8:30pm; Juniors 8:30-9:15pm; and Seniors 9:15-10pm. Practices begin Wednesday, November 15th.

Our initial meeting will be in Joyce Hall, Wednesday, November 8^h from 7:00-7:30pm.

Games are on Saturdays (with an occasional Sunday). A schedule will be provided as soon as it has been finalized.

Games run from December through March.

Please contact me at 708-352-0168 x338 or ohollman@sfxlg.org with any questions or concerns.

Olivia Hollman
Coordinator of Youth Ministry
St. Francis Xavier Parish

CHURCH LEAGUE BASKETBALL FOR HIGH SCHOOL YOUNG MEN

Church League Basketball 2017-2018 Parental Permission and Release Form

I, _____, give my teen, _____ grade _____
(name of parent/guardian)

permission to play for a Church League Basketball team. I am aware that games will be played PRIMARILY on Saturday nights from December through March at one of several possible locations (SUCH AS ..SJC gym, , (including the possibility of death) which may either directly or indirectly befall my teen while participating in the above mentioned league, or while on property of above mentioned indemnities. St. Francis gym, The Western Springs Recreation Center gym, Congress Park Elementary School Gym, LaGrange Christian Assembly Gym). In giving my permission, I hereby agree to RELEASE, INDEMNIFY, AND HOLD HARMLESS St. John of the Cross Parish, St. Cletus Parish, St. Francis Xavier Parish, Western Springs Recreation Center, Park District of La Grange, Congress Park Elementary School and Elementary District 102, Davis Memorial A.M.E. Church, First Congregational Church of LaGrange, First Congregational Church of Western Springs, Grace Lutheran Church of LaGrange, LaGrange Christian Assembly, St. Isaac Jogues, and any facilities or churches added to this list, their employees & agents, the Archdiocese of Chicago, and the Catholic Bishop of Chicago (a Corporate Sole) from ANY and ALL liability which may arise from my teen's participation in the above mentioned league. Liability to extend to any accidents, illnesses or injuries,

I also give permission for my son to be transported to and from practice and games by persons volunteering to provide such transportation. Otherwise, we will provide our own transportation for our son and/ or give him permission to get to and from practices and games on his own.

In the event that my teen shall become a discipline problem during practices or games, I realize that such behavior will not be tolerated and could result in my teen being asked to leave the team. In the event that my teen shall be found to be in the possession and/or usage of alcohol and/or other drugs, I realize that I will be notified, and that my teen may/will be subject to dismissal from team and subject to any & all applicable laws of the State of Illinois regarding such matters.

In the event that a medical emergency shall befall my teen and immediate attention is required, I now provide his Church League coach the ACTING POWER OF ATTORNEY, to initiate and oversee any emergency medical care that may be deemed necessary on my teen's behalf, until such time when I may be present to authorize the same. To assist in the administration of such care, I now provide insurance & medical information which may be necessary:

Insurance Company _____ Policy # _____

Policy in Name of: _____

Allergies/medical conditions/medicines: _____

Hospital Preference: _____ Dr. _____

Please make the following contact in the order indicated (by number in parentheses)when an emergency arises:

()contact father _____ phone # ()contact mother _____ phone # ()other _____ phone #

I acknowledge the importance of this CHURCH League as a place of Christian fellowship between players, coaches, and spectators and I will do my best to uphold these values.

By placing my signature, I hereby attest that I have read, understand, and agree to ALL of the above provisions.

(Signature of parent/guardian)

Date

Phone # _____ Address: _____

Cell phone # _____

Email address _____ T-Shirt Size _____