



SETON CATHOLIC 2019 CYO & Little Angels Soccer



**All Games and Practices
Locations TBD**


*Please mail forms to:
Seton Catholic School
Attn: Main Office CYO
165 Rhinecliff Drive, Rochester, NY 14618*

Registration Deadline September 7, 2019
*All 3 through 6th grade participants must attend
 Evaluation day yet to be determined
 Check website for details(<http://www.seton.dorschools.org/>)

PLEASE COMPLETE
REGISTRATION FORM (BACK)
FOR EACH CHILD.

2018 Seton CYO/Little Angels Soccer (Grades K - 6 as of 9/2019)

_____ Seton Catholic School
 _____ Our Lady of Lourdes
 _____ NON-PARISHIONER

		LEAGUE	START/FINISH	GRADES	COST for Seton Catholic School and OLOL	LIST HOST PARISH
<input type="checkbox"/>	Sat Only		Sept - Oct	K - 2	\$40	
<input type="checkbox"/>	Wkly Practices	3 rd - 4 th	Sept - Oct	3 - 4 coed	\$60	
<input type="checkbox"/>	Wkly Practices	5 th - 6 th	Sept - Oct	5 - 6 boys	\$60	
<input type="checkbox"/>	Wkly Practices	5 th - 6 th	Sept - Oct	5 - 6 girls	\$60	
MAKE CHECKS PAYABLE TO Seton Catholic					MAXIMUM CHARGE PER FAMILY:	\$150

LEAGUE DESCRIPTIONS

3rd - 4th Grade Coed -- This league is for children who are new or have played some type of organized soccer. They may or may not have basic soccer skills and be willing to learn offensive and defensive plays. This league tends to be a little more competitive for the children, and teams travel to other parishes/schools for games. There will be a minimum of 1 practice per week and games will be on the weekends (CYO has had 3/4 coed games on weekdays in the past several years).

5th - 6th Grade Boys and Girls -- Generally the teams will practice twice per week and play most games during the week (possible weekend games). Schedules are determined by CYO and usually available the week before our 1st game.

Little Angels K - 2nd -- This is a new program that was introduced in the Fall of 2010. Basic fundamentals and skill development. Teams are broken into grade levels (K, 1st and 2nd).

SETON CATHOLIC SOCCER REGISTRATION FORM

INSTRUCTIONS

1. Please complete a form for each player. Extra forms are available at the Seton Catholic School or at <http://schools.dor.org/seton/>
2. Make checks payable to "Seton catholic School. Please see chart on reverse side for cost and maximum charge per family.
3. Please mail forms with payment before 8-30-2019 deadline to:
Seton Catholic School
Attn: Main Office CYO
165 Rhinecliff Drive, Rochester NY 14618

<u>FEE CALCULATION</u>	
TOTAL DUE THIS REGISTRATION	\$ _____
TOTAL DUE SIBLING REGISTRATION	\$ _____
TOTAL DUE SIBLING REGISTRATION	\$ _____
FAMILY SUB-TOTAL	\$
If you have any questions or concerns, please feel free to email setondcs@dor.org	
--- SETON CATHOLIC SCHOOL CYO USE ONLY ---	
DATE PROCESSED: _____	INITIALS: _____

PLEASE PRINT:

PLAYER'S NAME: _____ MALE FEMALE

STREET: _____ TOWN: _____ ZIP: _____

PHONE: _____ SCHOOL: _____ PARISH : _____

GRADE (as of 9/1/17): _____ BIRTHDATE: ____/____/____ HEIGHT _____

YEARS EXPERIENCE _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

PHONE: _____ PHONE: _____

E-MAIL: _____ E-MAIL: _____

I request that my child named above, participates in soccer. My child has adequate insurance coverage, and in case of injury, I will assume all responsibility. My child is responsible for returning, in good condition, all uniforms and/or equipment issued to him/her. The information above is correct to the best of my knowledge. I hereby release and save harmless Seton Catholic School/OLOL Parish from any and all liability for any and all injuries resulting from this activity. Parent or guardian acknowledges that Seton Catholic School/OLOL Parish affords no medical/dental coverage for participants in this activity.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CYO MEDIA RELEASE: I hereby give Seton Catholic School/OLOL, Diocese of Rochester / CYO Athletics permission to use photographs, slides, audio tapes, or videotapes of _____

(name of participant).

Please check one of the following boxes in conjunction with the photographs, slides, audiotape, or videotape:

- I give my permission for Seton Catholic School/OLOL, Diocese of Rochester/CYO Athletics to identify the person(s) either verbally or in writing.
- I request no identifiable information pertaining to the above-named person(s) be used.

It is my understanding that this material will be used for Seton Catholic School/OLOL, CYO Athletics and or Diocese of Rochester for public relations purposes.

I hereby release Seton Catholic School/OLOL Diocese of Rochester/CYO Athletics, agents, servants, and employees from any damages resulting from the use of this material.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Parent volunteers are essential to the success of this organization; we require help to setup for home games, team managers, equipment manager, and possible Refs. You will be required to volunteer throughout the season, please select your preference below:

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> 3/4 Coed Referee | <input type="checkbox"/> Team Manager | <input type="checkbox"/> Equipment Manager | <input type="checkbox"/> Email Services |
| <input type="checkbox"/> SCORE KEEPER | <input type="checkbox"/> Field CLOCK | <input type="checkbox"/> SET UP | <input type="checkbox"/> SECURITY |

VOLUNTEER TO BE A HEAD COACH / ASSISTANT COACH /Team Manager

NAME: _____ HEAD COACH ASSISTANT COACH

E-MAIL: _____ TEAM MANAGER

COACHING PARTNER: _____ CELL PHONE: _____

*****ALL PROSPECTIVE COACHES MUST COMPLETE "CREATING A SAFE ENVIRONMENT" TRAINING, CYO COACH TRAINING, ATTEND CYO MANDATORY MEETINGS AS WELL AS SIGN THE CODE OF CONDUCT AGREEMENT.**

SETON CATHOLIC SCHOOL/CYO, 165 RHINECLIFF DRIVE, ROCHESTER, NY 14618