



St. John's Youth Sports Registration Packet

_____ is participating in:

Sports:

Recreational

- ☐ **Futsal**
- ☐ **Basketball**
- ☐ **Volleyball**

Competitive

- ☐ **Futsal**
- ☐ **Basketball**
- ☐ **Volleyball**

**Please see the attached
sports schedule for more
information or contact
Juliana at Juliana@sjecc.com.**



DIOCESE OF VENICE IN FLORIDA

CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM FOR TRIPS, PROGRAMS AND EVENTS

NAME OF PARTICIPANT(S)* _____ DOB: _____

**See attached list for all family members attending*

ADDRESS _____ PHONE: _____

ALTERNATE PHONE: _____ E-MAIL _____

SCHOOL/PARISH/DIOCESAN ENTITY Saint John the Evangelist Catholic Church

NAME OF TRIP, EVENT OR PROGRAM St. John the Evangelist Youth Sports 2023 -2024

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious

injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocese or Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.
7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.
8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: _____

Juliana Lo Giudice

Date: 08/26/2023

Parent/Guardian of a Minor Signature _____

Date: _____

*Additional family members participating:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

We are looking to begin our sports programming in October - Dates will be posted on our website in the next two weeks!

For more information on schedules and grades, please see our flyer. Thank you!

****Please bring ALL completed forms with you on the first day or email them ahead of time to Juliana at juliana@sjecc.com. To play, you must hand in a completed packet. Thank you!**



DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: Saint John the Evangelist Catholic Church

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date: _____



DIOCESE OF VENICE IN FLORIDA

AUTHORIZATION FOR RELEASE AND USE OF IMAGE IN PHOTO, VIDEO FILES OR OTHER MEDIA

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: Saint John the Evangelist Catholic Church

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Adult Participant or Parent/Guardian Signature

Date

Address

Phone Number

St. John the Evangelist Catholic Church Youth Sports

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

****Participants must fill out a separate form for each sport they participate in**

PARTICIPANT'S NAME: _____ BIRTH DATE: _____ Grade _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____ E-mail Address _____

HOME PHONE: _____ EMERGENCY PHONE _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in St. John the Evangelist Catholic Church Youth Sports

Sport (*List recreational or competitive*): _____ for the Academic year _____ - _____.

For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, if any claim for my child's personal injury or wrongful death is commenced against the Diocese of Venice, St. John the Evangelist Catholic Church of Youth and Young Adult Ministry, or the outsourced sports agencies involved in the aforementioned activity(ies), to defend, indemnify, and hold harmless, its officers, directors, and agents, and all parishes within the Diocese, and the officers, agents, representatives, volunteers, and employees of either the Diocese or any parish thereof, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims, or demands that may be made or brought against St. John the Evangelist Youth Sports, its officers, directors and agents, and the Diocese of Venice and all parishes within the Diocese, and the officers, agents, representatives, volunteers and employees of either the Diocese or any parish thereof, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate St. John's Youth Sports, its officers, directors and agents, and the Diocese of Venice, and the officers, agents, representatives, volunteers and employees of either the Diocese or any parish thereof, and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith:

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____

*Of the following statements pertaining to medical matters, **sign only those in accordance with your wishes.**

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to St. John's Youth Sports, its officers, directors and agents, and the Diocese of Venice and all parishes within the Diocese, and the officers, agents, representatives, volunteers and employees of either the Diocese or any parish thereof, and chaperones or representatives associated with the "Program" to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME and RELATIONSHIP: _____

Telephone: (_____) _____

FAMILY DOCTOR: _____

Telephone: (_____) _____

FAMILY HEALTH PLAN CARRIER: _____

Policy Number: _____

Group Number _____

(1) **Signature:** _____ **Date:** _____

PLEASE TURN OVER AND COMPLETE BACK OF THIS FORM

Other Medical Treatment: In the event it comes to the attention of St. John's Youth Sports, its officers, directors and agents, and the Diocese of Venice and all parishes within the Diocese, and the officers, agents, representatives, volunteers and employees of either the Diocese or any parish thereof, and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called REGARDLESS of the Time, etc.

(2) Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) Signature: _____ Date: _____

Please sign **ONLY** if you have listed medications above in this part.

Specific Medical Information: St. John's Youth Sports, will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, plants, insects, etc.) _____
- Immunizations: Date of last tetanus/diphtheria immunization: _____
- Does child have a medically prescribed diet? _____
- Any physical limitations? _____
- Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____
- Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____
- If so, date and disease or condition: _____
- You should also be aware of these special medical conditions of my child _____

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. (Your signature must appear below, or your child will not be permitted to attend the "Program")

(4) Signature: _____ Date: _____

Mom's Cell Number _____

Mom's Email Address _____

Dad's Cell Number _____

Dad's Email Address _____

Parent or guardian **must** sign lines numbered 1 and 4. If your parish requires notarization of this form, please have notarized.



St. John the Evangelist Youth Sports

CODE OF CONDUCT AGREEMENT



The Diocese of Venice and the Office for Youth & Young Adult Ministry, through the vehicle of sports, provides youth with an opportunity to practice Christian attitudes and responsibilities and to become friends with other children throughout the Diocese. Youth sports should be examples of the meaning of Christian sportsmanship. The guiding principle behind the enforcement of this code is that the behavior of everyone involved in St. John's Youth Sports should not detract from the children's enjoyment of the sport.

PLAYERS

Acceptable standards of participant behavior include:

- ☐ Treat opponents with respect; shake hands prior to and after contests.
- ☐ Respect the judgment of officials and coaches and abide by the rules of the contest and practices.
- ☐ Accept the responsibility of representing the parish by always displaying positive behavior.
- ☐ Play in a positive manner, reflecting Christian values. Do not bait or taunt opponents.

Penalties:

- ☐ Any player ejected from a game because of unsportsmanlike conduct will be suspended for two games and may be subject to additional penalties.
- ☐ Any player who physically abuses another player, participant or official may be suspended from play for the remainder of the season and may be disqualified from competitions.

SPECTATORS

Acceptable standards of spectator behavior include:

- ☐ Remember that the players are children and are playing for their enjoyment, not yours.
- ☐ Remain seated in the spectator area during the games.
- ☐ Respect decisions made by contest officials.
- ☐ Be a role model by positively supporting teams and by not shouting instructions or criticism to the players, coaches, or officials. Do not coach from the stands.
- ☐ Make no derogatory comments or gestures to players, coaches, parents of the opposing team, officials, or league administrators.

Penalties:

- ☐ Participating teams and their coaches are responsible for the conduct of their spectators.
- ☐ Any spectator who displays poor sportsmanship may be removed from the facility by an official, their team coach, a league official or the host gym person-in-charge.
- ☐ Any spectator who interferes with the conduct of a St. John's Youth Sports may, at the discretion of the parish, league, or sports agency, be barred from attendance at subsequent St. John's Youth Sports activities (*practices & competitions*).

ENFORCEMENT

The parishes and schools, under the supervision of St. John the Evangelist Catholic Church, shall enforce this code. Complaints regarding violations of this code shall be first brought to the attention of the youth sports director, Juliana LoGiudice, and coaches involved with the "Program" your child is attending. Coaches, participants, or spectators may be placed on probation or suspended from St. John's Youth Sports for their actions.

I (We) have read St. John the Evangelist Youth Sports Code of Conduct. I (We) agree to follow these guidelines in my (our) participation in all St. John's Youth Sports.

Print Name of Player

Signature of Player

Print Name of Parent/Guardian(s)

Signature of Parent/Guardian(s)

Date: _____



ST. JOHN THE EVANGELIST YOUTH SPORTS AFTER SCHOOL PROGRAM



RECREATIONAL SCHEDULE

**FREE FOR PARISHIONERS
NO EXPERIENCE NEEDED!**

FUTSAL

MONDAY: GRADES 5 - 8

 **5 PM - 6 PM**

BASKETBALL

TUESDAY: GRADES 5 - 8

 **5 PM - 6 PM**

VOLLEYBALL

WEDNESDAY: GRADES 2-8

 **AFTER FAITH FORMATION
6:30 PM TO 7:30 PM**

COMPETITIVE SCHEDULE

**PAID LESSONS
PARISHIONER DISCOUNT**

FUTSAL

MONDAY:

 **6PM TO 7PM (9YRS-10YRS)
7PM TO 8PM (14YRS-15YRS)**


BASKETBALL

TUESDAY: GRADES 6 - 12

 **6 PM TO 8 PM**

VOLLEYBALL

**THURSDAY & SATURDAY:
GRADES 6-12**

 **5:30 TO 9:30 (THURSDAY)
9 AM TO 1 PM (SATURDAY)**

COACHING PROVIDED BY:



**SCAN QR CODE TO
REGISTER OR FOLLOW
THE LINK BELOW**

**[HTTPS://FORM.JOTFORM.COM
/232383362747158](https://form.jotform.com/232383362747158)**

