

**Saint Theresa Catholic School Athletics 5th-8th Grade
Sports Paperwork 2013-2014
(updated 6/9)**

**This is only filled out one time each school year. If you have already completed these forms,
you do not need to fill them out again.**

**Saint Theresa Catholic School Sports Sign-up
It's as easy as 1, 2, 3. . .**

1. Enter your child's name and the sports he/she will play this year at our **on-line Sports Registration** www.stcs.us/student-life/Athletics.cfm Please **complete all information on paperwork and turn into school office by August 27**. Be sure all forms are signed and the Transportation of Minor form is notarized. **You will be billed \$75 through FACTS at the beginning of each sport season. Do not include your payment with this form.**
2. Attend the Parent Information Meeting on Tuesday, August 27 from 3:15 to 3:45 in the gym.

All forms will be kept on file. After filing the forms for your child's first sport, you need only complete the on-line confirmation form. ***Please fill out one set of forms for each child participating in the Saint Theresa Athletic Program.***

No children may participate until all forms and fees are complete and turned into the office. **Please note the Transportation of Minor form must be NOTARIZED and completed for all athletes.**

If you do not have your physical by the paperwork due date, please turn in all forms except the physical form. Then, turn your physical form in ***before*** the first practice.

Athlete's Name _____ **Grade** ____ **Teacher** _____

_____ I am turning in the following for the first time:

- _____ Form 1: Sports Permission Form /
- _____ Form 2: Role of the Student Athlete/ Role of Parent
- _____ Form 3: Transportation of Minor Form / Driver Information Form
- _____ Form 4: Emergency Form
- _____ Form 5: Athletic Medical Authorization Form (anytime after 5/1/13)
- _____ Form 6: Release Form for Extended Care

**FEE 7: You will be billed through FACTS at the beginning of each season.
Please do not include payment with this form.**

Thank you for completing and signing all forms.

Saint Theresa Catholic School
Athletics Permission Form
Paperwork for ALL SPORTS due on August 27

I/We, the parent(s)/guardian(s) of _____ request that the school allow my child to participate in the Saint Theresa Catholic School after school sports program in the sports marked below during the 2013-2014 school year. I understand that I am responsible to provide or find transportation for my child to and from away games. Also, due to league fees, update of uniforms and the cost of officials, I agree to complete all forms and understand that I will be billed the required sport fee through FACTS at the beginning of the season for each sport. This fee is non-refundable to those who drop out of the program, those who are suspended, or those who are academically ineligible due to grades or conduct. If a team is cancelled, refunds will be reimbursed through SCRIP. The participants are responsible for maintaining the uniforms and returning them to school in the condition they were given. If lost or damaged, the participant will be charged \$25 to replace each piece of the uniform. I understand that pants are required for softball and baseball. I understand that student medications kept in the school nurse's office are NOT accessible after school and it is the responsibility of the parent/guardian to supply any medication that may be required by a student during any after school activities.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Theresa Parish, its officers, directors and agents, and the Diocese of Phoenix, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

I/We also understand that all practices will end at 4:30 or 5:00 pm except on game days or unless otherwise notified. I/We also understand that it is my/our responsibility to pick up or make arrangements for my/our child after that time. I/We release and hold harmless Saint Theresa Catholic School or any and all of its employees and volunteers from any and all liability after this time.

Child's Name _____ Grade _____ Teacher _____

I give permission to give my E-mail to my child's coach.

Primary E-mail: _____
 Second E-mail: _____

Please check ALL sports your child will participate in this year:

Fall:	Winter:	Spring
___ Girls Volleyball	___ Girls Softball	___ Girls Basketball
___ Boys Football	___ Boys Basketball	___ Boys Baseball
Paperwork due 8/ 27	Confirmation form due 11/6	Confirmation form due 2/5
\$75 billed through FACTS	\$75 billed through FACTS	\$75 billed through FACTS
	___ Co-ed Cross Country	
	Confirmation form due 11/6	
	\$10 billed through FACTS	

OFFICE USE ONLY			
Forms Needed		Check #	
F	W	C	S
Transportation of Minor			
	1	2	3
P = Permission			
R = Role			
D = Driver Information			
T = Transportation of Minor			
E = Emergency			
Ex = Extended Care			
M = Medical - Physical			

Parent/Guardian Signature Date Best Phone Number to reach you

I am interested in volunteering in the following ways:

___ Head Coach for _____ ___ Team Parent
 ___ Asst. Coach for _____ ___ Photographing Games and Meets
 ___ Scorekeeping ___ Organizing Sports Paperwork ___ Notarizing forms

Role of the Student-Athlete
STUDENT CODE OF CONDUCT AND RESPONSIBILITIES

1. Student athlete must maintain a minimum **grade** of a “C” in all subjects.
 - Grade checks will occur at mid-term and at the end of the term.
 - If a student is found to be ineligible, they will be on a two week probation period, in which they must reach the minimum requirement or be dismissed from the team.
 - It is the responsibility of the athlete to set up a meeting with the teacher to discuss how to improve their grade. During the two week probation period the student will go to all practices. On game days the student will go home or to Study Hall to work on their school work.
 - The student will return to the team as soon as the teacher notifies the Athletic Director that the athlete’s grade has reached the minimum requirement.
 - If the student athlete receives five lunch detentions in one season the athlete will be dismissed from the team.

2. Students who participate must make a **commitment** to their team to attend all practices and games.
 - School sports should be the first priority. Any conflicts of outside activities including club ball, need to be resolved with coaches, and a written excuse submitted before conflict.
 - Attend daily practice sessions as scheduled and bring appropriate equipment and water.
 - Excused absences are allowed when the coach is notified prior to the absence or when the student is ill.
 - The player or parent is responsible for informing coach of upcoming absence. Do not expect a fellow teammate to shoulder this responsibility for you. Any player that leaves it up to a teammate to provide notification of your absence will receive an unexcused absence for that practice or game.
 - The athlete will give 100% effort during practices and games.
 - The athlete will compete without placing undue pressure on self or teammates.
 - Students who are absent for more than 4 hours are not permitted to participate in that day’s extra-curricular activity.
 - Students who miss P.E. due to illness or injury will not be allowed to participate in the scheduled games that same day.

3. Athletes will respect all coaches, players, and officials on and off the court/field and maintain the **code of conduct**.
 - Athletes will accept guidance.
 - Athletes will respect the decision made by officials
 - Athletes will exhibit positive sportsmanship at all times. Athletes will refrain from the use of offensive language and actions.
 - Athletes will respect the strengths and weaknesses of all teammates.
 - Athletes who are disrespectful may be “benched”. This is at the discretion of the head coach.

Parent Signature

Student Athlete Signature

Please be sure both parent and student sign this form

Role of the Parent/Guardian

PARENT/GUARDIAN CODE OF CONDUCT AND RESPONSIBILITIES

1. Parents need to prioritize their time and their children's time to help make the school sport a priority.
2. Parents must turn in all completed paperwork and fees on time.
3. The athlete will not attend siblings left after school (Extended Care will enroll siblings, at the parent's expense)
4. Parents must arrange to have their child picked up immediately after practices or games (a coach will wait with athletes for 10 minutes after a scheduled practice or game and then escort them to Extended Care where the parent will incur a fee.)
5. Parents are responsible to transport or find transportation for their child to and from away games. Parents who are driving must have the required auto insurance (min. liability 100,000/ 300,000) in order to drive for athletic activities.
6. After away games, an athlete will be returned to the St. Theresa campus if not picked up at an away game. They will be escorted to Extended care unless prior written permission given to carpool them home with that driver.
7. Parents will be supportive:
 - Parents will be positive in their role as spectator.
 - Parents will cooperate and respect decisions of coaches and officials.
 - Parents will refrain from using offensive language or gestures.
 - Parents will refrain from physical contact with any other official or parent.

Parent Signature _____

Please be sure to sign this form.



Roman Catholic Diocese of Phoenix
TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations where no other responsible adults are present..." are to be avoided. The directive of this provision requires that another adult should accompany Diocesan personnel who transport minors to and from field trips and outings.

Because of the limited number of participants in the _____ (name of program) of _____ (name of school) and the time of day in which program events will occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from the programs.

The Diocese permits **exceptions to this policy** only upon a showing by the school that:

- 1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and
- 2) a parent or guardian of any student participating in such program has consented in writing to allow such student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the parent/guardian of the minor person must consent in writing.

I, _____, of _____
(name of parent/guardian) (name of minor student)

have selected one of three alternatives below by checking the applicable box to indicate selection:

(1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**

I, _____, parent/guardian of _____, (name of student) a participant in the _____ (name of program) of _____ (name of school) hereby consent to allow the student named above to travel to and from program events in a vehicle occupied by a single adult person at any time during the _____ school year. I further acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school. I further consent subject to the following additional conditions (if any): _____

(2) **NON-EXCEPTION**

I, _____, parent/guardian of _____, choose to have my child always travel in a 2 adult vehicle.

(3) **ASSUMPTION OF TRANSPORTATION RESPONSIBILITY**

I, _____, parent/guardian of _____, will solely provide transportation for my child to all activities away from the school campus.

(signature of parent/guardian)

(print name of parent/guardian)

State of Arizona
County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____



ROMAN CATHOLIC DIOCESE OF PHOENIX DRIVER INFORMATION FORM

(Please Type or Print)

DRIVER INFORMATION				
Driver Last Name:	First Name:	Middle Initial	Date of Birth	
Street address:		City:	State:	Zip Code:
Phone #:	Drivers License #:	State:	Expiration Date:	

In order to provide for the safety of our students, we must ask each volunteer drive to list all accidents or moving violations you have had in the past five (5) years:

VEHICLE INFORMATION			
Name of Owner:			
Owner Street address:	City:	State:	Zip Code:
License Plate #:	State:	Date of Expiration:	
Model of Vehicle:	Make of Vehicle:	Year of Vehicle:	

If more than one vehicle is to be used, the above information must be provided for each vehicle.

INSURANCE INFORMATION		
When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.		
Insurance Company:	Policy #:	Date of Expiration:
Liability Limits of Policy*:		

***Please Note: The minimum acceptable limits for privately owned vehicles are \$100,000/\$300,000.**

CERTIFICATION	
I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older. I must be 25 years of age or older to transport minors. I must possess a valid driver's license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle used.	
_____ <i>Signature</i>	_____ <i>Date</i>



Roman Catholic Diocese of Phoenix
HEALTH AND EMERGENCY INFORMATION FORM _____ (School Year)

Appendix B

[School]

_____ Student's Name		_____ Date of Birth	_____ Grade/Room	M F Sex
_____ Student's Address		_____ City, State, Zip		
_____ Mother's/Legal Guardian's Name		_____ Father's/Legal Guardian's Name		
() _____ Daytime Phone	() _____ Cell Phone	() _____ Daytime Phone	() _____ Cell Phone	
_____ Address (if different from Student's)		_____ Address (if different from Student's)		

Alternative Emergency Contacts – If Parents Cannot be Reached

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
() _____ Daytime Phone	() _____ Cell Phone	() _____ Daytime Phone	() _____ Cell Phone

Student Health & Medical Information

_____ Physician's Name	_____ Phone Number
_____ Dentist's Name	_____ Phone Number
_____ Name & Address of Preferred Hospital (if any)	_____ Phone Number
_____ Insurance Company	_____ Group & Policy Number
_____ Student's Allergies	_____ Medications Student Takes Regularly

Special Health Considerations:

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my student. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the Student to be given medical care by the doctor or hospital selected by the School. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill. I authorize the School to release medical information about my student to his/her care provider. I authorize the School to release care and custody of my student to the emergency contacts listed above. It is understood that the consent and authorization given hereby are continuing and apply throughout the current school year. It is further understood that insurance or parent of student will pay any expenses incurred. Payment of such expenses is not a school responsibility.

Signature of Parent/Legal Guardian _____
Date

**Saint Theresa Catholic School
2013-2014**

**PERMISSION FOR STUDENT TO
SELF-RELEASE FROM
EXTENDED CARE**

I, _____, GIVE PERMISSION FOR THE
Parent or guardian name

**ATTENDANCE SUPERVISOR OF EXTENDED CARE TO
SIGN OUT MY CHILD/CHILDREN**

name of my child who attends Saint Theresa

name of my child who attends Saint Theresa

name of my child who attends Saint Theresa

AND RELEASE THEM TO GO TO THE AFTER SCHOOL SPORTS PROGRAM.
(Please e-mail Cissy Wolf cwolf@stcs.us each day your child needs to go from
Extended Care to their practice or game.)

Signature

Date

School Sports Physical Pre-Participation Examination (complete by parent)

Name: _____ Birthdate: ____/____/____

Address : _____ Phone: (____) _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
_____	_____	_____	1. Has anyone in the athlete's family died suddenly before the age of 50 years?
_____	_____	_____	2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
_____	_____	_____	3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
_____	_____	_____	4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
_____	_____	_____	5. Does the athlete have a history of a concussion (getting knocked out) or seizures?
_____	_____	_____	6. Has the athlete ever suffered a heat-related illness (heat stroke)?
_____	_____	_____	7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
_____	_____	_____	8. Does the athlete take any prescribed medicine, herbs, or nutritional supplements?
_____	_____	_____	9. Is the athlete allergic to any medications or bee stings?
_____	_____	_____	10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
_____	_____	_____	11. Has the athlete ever had prior limitation from sports participation?
_____	_____	_____	12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
_____	_____	_____	13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
_____	_____	_____	14. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopath, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this term, if appropriate.)
_____	_____	_____	15. Has the athlete ever been hospitalized overnight or had surgery?
_____	_____	_____	16. Does the athlete lose weight regularly to meet requirements for your sport?
_____	_____	_____	17. Does the athlete have anything he or she wants to discuss with the physician?
_____	_____	_____	18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
_____	_____	_____	19. Does the athlete have asthma?

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give my permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: _____

Parent/Guardian

Date: _____

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

School Sports Pre-Participation Examination (complete by physician*)

NAME: _____	BIRTHDATE: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____	Pulse: _____ BP: ____/____ (____/____, ____/____)
Vision: R 20/ _____ L 20/ _____	Corrected: Y N Pupils: Equal Unequal Rhythm: Regular Irregular

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1 st and 2 nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type): _____ Date: ____/____/____

Address: _____ Phone: (____) _____

Signature of Physician: _____

*As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects." Form 6 - Back

SAINT THERESA ATHLETICS CALENDAR 2013-2014

This calendar is subject to change.

Updated: June 10, 2013

AUGUST

- 1 Tues Sports paperwork available in office or at www.stcs.us/student-life/Athletics.cfm
- 22 Thurs Coaches' meeting for coaches of Fall sports: Football & Volleyball 6PM Rm. 17
- 27 Tues **ALL PAPERWORK** due in office for Fall, Winter & Spring. Fall \$75 sport fee due today.
- 27 Tues Girls & Boys **All Sports Parent and Athlete Meeting** is at 3:15-4:00 in the gym.
- 28-30 W-F Girls Volleyball team placement is from 3:00 to 5:00.
- 28 Wed First practice for Fall sports: Girls Volleyball and Boys Flag Football

SEPTEMBER

- 16 Tues Games begin for Fall sports: Girls Volleyball and Boys Flag Football
- 20 Fri Mid-term grade eligibility check
- 23-26 M-Th Team pictures with coaches will be taken before your first home game of the week.

OCTOBER

- 10 Thur No School: Educators Day – No games or practices
- 15 Tues **Winter Sports and Cross Country** Confirmation Form available on line at www.stcs.us/student-life/Athletics.cfm.
- 18 Fri Grade eligibility check
- 28 - Nov 8 7th & 8th grade Flag Football and Volleyball Tournaments

NOVEMBER

- 6 Wed **Winter Confirmation Form and Cross Country** Form due with fee. No forms or will be accepted after this date.
- 7 Thur Coaches' meeting for Winter Sports: Boys Basketball & Girls Softball at 6 pm in Rm 17. Spring coaches' fingerprint information and paperwork are due.
- 12 Tues First practice for Winter sports: Boys Basketball and Girls Softball
- 12-15 M-Th Boys Basketball team placement 3:00-5:00
- 15 Fri Cross Country Invitational at Granada Park
- 27-29 W-F No practice or games – Thanksgiving
- 22 Fri Midterm grade eligibility check
- 25 Mon Games begin for Winter sports: Boys Basketball and Girls Softball

DECEMBER

2-5 M-Th Team pictures with coaches will be taken before your first home game of the week.

19 Thur No practice or games due to the Advent Program.

20 Fri Grade eligibility check

JANUARY

14 Tues Spring Sports Confirmation Form available on line at www.stcs.us/student-life/Athletics.cfm

13-17 M-Tu Knights of Columbus Free-throw Contest in Physical Education classes

20 Mon No practice or games. Martin Luther King Day

22-2/8 M-F 7th & 8th Boys and Girls Winter sports tournament

FEBRUARY

5 Wed Spring Confirmation Form and \$75 fee due in office. No forms will be accepted after this date.

6 Thur Coaches' meeting for Spring Sports: Boys Baseball & Girls Basketball at 6 pm in Rm 17.
Spring coaches' fingerprint information and paperwork are due.

7 Fri Midterm grade eligibility check

10 Mon First practice for Spring sports: Girls Basketball and Boys Baseball

17 Mon No practice or games. President's Day

MARCH

3 Mon Games begin for Spring sports: Girls Basketball and Boys Baseball

10-13 M-Th Team pictures taken this week

13 Fri Grade eligibility check

17-April 25 Easter Break

APRIL

7-May 2 7th & 8th Boys Baseball and Girls Basketball tournaments begin