



# Holy Family Catholic School

2011-2012

## Sport Fee and Uniform Agreements

Students participating on league teams are charged an athletic fee of \$25.00 for each sport (excluding track). This is used to cover expenses for referees.

The uniform for Holy Family sports teams will consist of the physical education shorts , (which shall not be worn below the hips for the boys or rolled up by the girls), the supplied jersey, sneakers or cleats and white crew socks. Soccer players are to wear navy blue soccer socks. Shin guards are required for soccer. Mouth guards are required for football and recommended for the other sports. Knee pads are available for the volleyball team.

The jerseys will be tucked into the shorts per the state rules used by our league. NO jewelry, including rubber bands, string bracelets etc. NO writing on the body, coloring in the hair. Longer hair must be pulled back off the face using only soft materials such as rubber bands, scrunches, headbands.

**\*\*A player not in the correct uniform will not play\*\***

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We have read and understand the school and league rules regarding uniforms and have enclosed the \$ 25.00 fee for the season.

Parent \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Sport \_\_\_\_\_

**For Office Use Only**

Date \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_



**HOLY FAMILY CATHOLIC SCHOOL**

**ATHLETIC EVENTS CONSENT AND RELEASE**

Name of Sport: \_\_\_\_\_

I request that my child be allowed to participate in the above –named event(s). I understand that reasonable care and supervision will be exercised to provide for my child’s well-being during practice for the event and the event itself. However, I also understand that there are certain risks inherent with this athletic event(s). I assume all risks inherent with these event(s) and consent my child being allowed to participate. I release, covenant not to sue, and save harmless Holy Family Catholic School as well as The Most Reverend Robert N. Lynch, Bishop of The Diocese of St. Petersburg, all clergy, employees, staff, agents, and volunteers for the event, from any and all claims and for any and all harm arising to my child as a result of participation in these athletic events.

I understand I am responsible for transporting, or arranging transportation for my child to and from the athletic events. Holy Family Catholic School will, in no way participate in arranging or executing transportation for the events.

I request a Holy Family Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during the events and I agree to pay any expenses incurred for such treatment.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Please add pertinent medical information particularly in regards to any condition that may effect or affected by participation in this sport. (e.g. asthma- needs inhaler before game):

Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2011-12 School Year

## STATEMENT OF COMPLIANCE

The Catholic School is unique because of its total commitment to the three-fold purpose of Christian education: message, community and service. It creates an atmosphere where Catholic Faith can be integrated with life and learning. All those involved in a Catholic school - parents, pastors, faculty and staff, administrators and students - must strive to make it a community of faith which indeed is living, conscious, and active.

As a student-participant in sports, and as parents of a student-athlete, we understand and agree to abide by the guidelines and regulations of the **Diocesan Guidelines for Interscholastic Athletics: Elementary and Middle Catholic Schools and the Regulations and Policies of the League.**

I/We understand this means that the student will strive to:

- √ be on time for all practices and games
- √ stay for the entire practice/game
- √ encourage all team players to develop their full potential
- √ play by the rules of fair play
- √ act in a Christian manner toward all
- √ maintain a school average that will allow me to fully participate in sports

I agree to follow the regulations of our diocese, the school sports guidelines and the directives of the coaches:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT / GUARDIAN

#### **SPECTATOR ETIQUETTE:**

*Spectators at school athletic events are asked to refrain from "coaching from the sidelines." Cheering is encouraged - loud and vigorously. But, please refrain from calling out directions to a particular child or yelling at the team about what they should have done or not done with the ball. That is the coach's task.*

***Thank you for understanding, your cooperation  
and your presence at our games!***

I understand that I am responsible for providing or arranging for transportation for my student-athlete to/from all games and practices. I agree to provide the opportunity for my child to be present at all practices and games. I will try to attend games as my schedule allows. Further, I will strive to model appropriate sports courtesy and will refrain from any form of "sideline coaching."

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

2011-12 School Year

**PARTICIPATION HEALTH SCREENING**

Required annually in addition to school physical

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Parent's Work \_\_\_\_\_ Cell \_\_\_\_\_

Student Soc. Sec. Number \_\_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

MEDICAL CONCERNS/RESTRICTIONS

\_\_\_\_\_

CURRENT MEDICATIONS

\_\_\_\_\_

I understand a sports health screening is necessary for my child's participation in \_\_\_\_\_ Catholic School Extra-curricular Sports Program.

I further understand that competitive athletics may result in injury although the school has and will do all it can to reduce the risk of injury. I request a \_\_\_\_\_ Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during practice or games and I agree to pay any expenses incurred for such treatment.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

JOINT Custodial PARENT SIGNATURE \_\_\_\_\_

**EXAMINING PHYSICIAN'S CERTIFICATE**

I hereby certify that I have examined \_\_\_\_\_ on the date indicated below. Based on the past health history s/he has given me and on my physical examination I find this athlete physically able to participate in interscholastic sports.

Any Restrictions? \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

2011-12 School Year

## STUDENT SPORTS PHYSICAL HISTORY FORM

Students Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

Physician \_\_\_\_\_

Sports \_\_\_\_\_

**FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW**

	YES	NO																
1. Has the above student ever been hospitalized?	_____	_____																
Has the above student ever had surgery?	_____	_____																
2. Is the above student presently taking medication?	_____	_____																
3. Does the above student have any allergies (meds., bees)?	_____	_____																
4. Has the above student ever passed out during exercise?	_____	_____																
5. Has the above student ever been dizzy during exercise?	_____	_____																
6. Has the above student ever had chest pain?	_____	_____																
7. Does he/she tire quicker than his/her friends during exercise?	_____	_____																
8. Has the above student ever had high blood pressure?	_____	_____																
9. Has the above student ever been told he/she has a heart murmur?	_____	_____																
10. Has the above student ever had a racing heart or skipped beat?	_____	_____																
11. Has anyone in your family died of heart problems or sudden death before age 40?	_____	_____																
12. Does the above student have any skin problems? (Itching, Moles, Breaking Out)	_____	_____																
13. Has the above student ever had a head injury?	_____	_____																
14. Has the above student ever been knocked out?	_____	_____																
15. Has the above student ever had a seizure?	_____	_____																
16. Has the above student ever had a stinger or burner?	_____	_____																
17. Has the above student ever injured (sprained, dislocated, fractured, etc.)	_____	_____																
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">_____ Hand</td> <td style="width: 25%;">_____ Shoulder</td> <td style="width: 25%;">_____ Thigh</td> <td style="width: 25%;">_____ Wrist</td> </tr> <tr> <td>_____ Neck</td> <td>_____ Knee</td> <td>_____ Forearm</td> <td>_____ Chest</td> </tr> <tr> <td>_____ Shin/Calf</td> <td>_____ Elbow</td> <td>_____ Back</td> <td>_____ Ankle</td> </tr> <tr> <td>_____ Arm</td> <td>_____ Hip</td> <td>_____ Foot</td> <td></td> </tr> </table>	_____ Hand	_____ Shoulder	_____ Thigh	_____ Wrist	_____ Neck	_____ Knee	_____ Forearm	_____ Chest	_____ Shin/Calf	_____ Elbow	_____ Back	_____ Ankle	_____ Arm	_____ Hip	_____ Foot			
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18. Has the above student ever had heat cramps?	_____	_____																
19. Has the above student ever had:																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Mononucleosis _____</td> <td style="width: 50%;">Diabetes _____</td> </tr> <tr> <td>Hepatitis _____</td> <td>Headaches _____</td> </tr> <tr> <td>Asthma _____</td> <td>Eye Injuries _____</td> </tr> <tr> <td>Tuberculosis _____</td> <td>Stomach Ulcer _____</td> </tr> </table>	Mononucleosis _____	Diabetes _____	Hepatitis _____	Headaches _____	Asthma _____	Eye Injuries _____	Tuberculosis _____	Stomach Ulcer _____										
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20. Does the above student use special pads or braces?	_____	_____																
21. When was the above student's last tetanus shot?	_____	_____																

Explain "YES" answers here:

\_\_\_\_\_