



Holy Family Catholic School and ECC

250 78th Avenue NE - St. Petersburg, Florida 33702

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www.holyfamilycatholicschool.com

Sports Fee and Uniform Agreements

Students participating on league teams are charged an athletic fee for each sport. This is used to cover the expenses for the referees and facilities.

Players will wear their PE uniform Shorts. They shall not be worn below the hips or rolled up at the waist. The JFCS Jersey will be supplied, must be returned at the end of that sport season. Crew socks (white) are to be worn. Soccer players will wear navy blue soccer socks. Shin guards are required for soccer. Mouth guards are required for flag football and recommended for other sports. Knee pads are available for the volleyball team.

The jerseys will be tucked into 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 only using soft materials such as hair ties, or headbands.

If a player is not in correct uniform attire, will not be permitted to play.

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

Parent Name: _____

Parent Signature: _____

Students Name: _____ Grade: _____

Sport: Kickball



ATHLETIC EVENTS CONSENT AND RELEASE

Name of Sport _____ 20 20- 20 21 School Year

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 events and consent to my child being allowed to participate. I release, covenant not to sue, and save harmless (name of school) **Holy Family Catholic School** as well as The Most Reverend Gregory Parkes, 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 sports 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/Guardian: _____

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

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 _____

PARTICIPATION HEALTH SCREENING

Required annually in addition to school physical

Student Name _____

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 Holy Family 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 _____

STUDENT SPORTS PHYSICAL HISTORY FORM

Students Name _____ DOB: _____

Address _____ Grade: _____

Physician _____ Sport: _____

FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW

	YES	NO																
1. Has the above student ever been hospitalized?	_____	_____																
2. Has the above student ever had surgery?	_____	_____																
3.. Is the above student presently taking medication?	_____	_____																
4.. Does the above student have any allergies (meds., bees)?	_____	_____																
5. Has the above student ever passed out during exercise?	_____	_____																
6. Has the above student ever been dizzy during exercise?	_____	_____																
7. Has the above student ever had chest pain?	_____	_____																
8. Does he/she tire quicker than his/her friends during exercise?	_____	_____																
9. Has the above student ever had high blood pressure?	_____	_____																
10. Has the above student ever been told he/she has a heart murmur?	_____	_____																
11. Has the above student ever had a racing heart or skipped beat?	_____	_____																
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:																		
Mononucleosis _____	Diabetes _____																	
Hepatitis _____	Headaches _____																	
Asthma _____	Eye Injuries! _____																	
Tuberculosis _____	Stomach Ulcer _____																	
19. Does the above student use special pads or braces?	_____	_____																
20. When was the above student's last tetanus shot?	_____	_____																

Explain "YES" answers here:
