

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 _____

_____ 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 _____

_____ School Year

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 events and consent to my child being allowed to participate. I release, covenant not to sue, and save harmless _____

(name of 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 sports events. _____ School will, in no way participate in arranging or executing transportation for the events.

I request a _____ 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 (eg asthma - needs inhaler before game):

_____ 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.) | _____ | _____ |
| _____ Hand _____ Shoulder _____ Thigh _____ Wrist | | |
| _____ Neck _____ Knee _____ Forearm _____ Chest | | |
| _____ Shin/Calf _____ Elbow _____ Back _____ Ankle | | |
| _____ Arm _____ Hip _____ Foot | | |
| 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 _____ | | |
| 20. Does the above student use special pads or braces? | _____ | _____ |
| 21. When was the above student's last tetanus shot? | _____ | _____ |

Explain "YES" answers here:

_____ School Year