

Saint Theresa Athletics 2009-2010 Track & Field Paperwork

Month	Date	Day of Wk	
July	1	Wed	Paperwork available for all Sports
August	18	Tues	New Coaches' meeting for coaches of Fall sports: Football & Volleyball 6 PM Room 17
	18	Tues	Coaches' fingerprint information and paperwork due. Go to stcs.us/athletics/coaches
	20	Thur	All paperwork due in office for Fall, Winter and Spring-- Fall \$75sport fee is due today
	20	Thur	Girls and Boys All Sports parent and athlete meeting: 3:15 pm in the Gym
	10,11,12		Sport physicals by appointment only. Call Scottsdale Children's Group 480-609-8100 Tentative
	22	Sat	Girls Volleyball Clinic for all players and coaches 5th:8:00-10:00 6th:10:15-12:15
	24, 27	Thur	Volleyball Team Placement 3:00 to 5:00
	26	Wed	1:30-4:00-Possible team placement
	24,25	Mon, Tues	First Practice: Girls begin August 24; Boys begin August 25
September	1,2	Tues, Wed	Boys and Girls uniforms distributed after school
	8	Tues	Games begin
	14-17	Mon-Thur	Team pictures with coaches at your team's first home game of the week
	18		Progress Reports Issued--Ineligibility Begins
October	5	Mon	No games or practices "CIMI Monday / Sky Y"
	6	Tues	Winter sports confirmation form available in office: Girls Softball and Boys Baseball
	12-31	Mon-Sat	7-8 football tournaments
	19-31	Mon-Sat	7-8 volleyball tournaments
	20	Tues	Cross Country Paperwork Available - Important to attend clinic on Nov. 6
	30	Fri	Winter confirmation form and \$75 fee due in office--No forms accepted after this date
	27		Report Cards Issued -- Ineligibility Begins
November	3	Tues	Coaches' meeting for coaches of Winter Sports 6 pm Room 17
	3	Tues	Winter Coaches' fingerprint information and paperwork due
	5	Thur	First practice for Winter sports
	5,10,12	Th, Tu, Th	Boys Basketball Team Placement 3:00-5:00
	6	Fri	Cross Country Clinic at Xavier High School (tentative)
	13	Fri	Cross Country Invitational
	17,19	Tues, Thur	Boys/ girls uniforms distributed after school
	23	Mon	Games begin for Winter sports: Girls softball and Boys basketball
	25,26,27	Wed-Fri	No practice - Thanksgiving
	Nov 30-Dec 3	Mon-Thur	Team pictures with coaches at your team's first home game of the week
	30		Progress Reports Issued--Ineligibility Begins
December	17	Thur	No practice or games - Advent program
January	12		Report Cards -- Ineligibility Begins
	5	Tues	Confirmation form available in office for Spring Sports: Girls Basketball and Boys Baseball
	14,15	Thur-Fri	K of C Free-throw Contest in PE classes
	18	Mon	No practice or games. Martin Luther King Day

	19-30	Tues-Sat	7-8 Boys and Girls Winter sports tournaments begin.
	22	Fri	Spring confirmation form and \$75 fee due in office. No forms accepted after this date.
	26	Tues	Spring coaches' meeting for coaches of Spring Sports: 6:00 pm Room 17
	26	Tues	Spring coaches' fingerprint information and paperwork due 6:00 Room 17
February	5		Progress Reports Issued -- Ineligibility Begins
	1	Mon	First practice for Spring sports Girls Basketball and Boys Baseball
	1,2	Mon, Tues	Spring Sport Team Placement
	4,11	Thur	Boys and girls uniforms distributed after school
	12,15	Fri, Mon	No School President's Day Weekend-- No practice or games
	16	Tues	Games begin for Spring sports: Girls Basketball and Boys Baseball

March	2,	Mon	Track and field confirmation form and paperwork available in office
	TBA		Team pictures TBA
	23	Tuesday	Report Cards -- Ineligibility Begins
	17	Wed	Track confirmation form and fee due in office
	23	Tues	Parent – Athlete Track and Field Meeting 3:15 in Room 16
	23	Tues	Coaches' meeting for coaches of Track and Field 4:00 (after parent meeting)
	23	Tues	Track coaches' fingerprint information and paperwork due
April	14	Wed	Track practice begins
	12-May 1	Mon-Sat	7-8 Boys Baseball tournaments begin.
	19-May 1	Mon-Sat	7-8 Girls Basketball tournaments begin
	23	Fri	Progress Reports Issued -- Ineligibility Begins
	23,30	Fri	Possible Track Meet: Meet dates are not announced until March 2010
	24	Sat	Possible Track Meet: Meet dates are not announced until March 2010
May	1	Sat	Possible Track Meet: Meet dates are not announced until March 2010

**Saint Theresa Athletics
2009-2010 School Year**

First Time Participant Form Check-Off List

Saint Theresa Sports Sign-up

It's as easy as 1, 2, 3.. .

- 1. Complete paperwork. Be sure all forms are signed and filled out by March 17.**
- 2. Make check for \$35 payable to Saint Theresa Catholic School.**
- 3. Turn into school office.**

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 by 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 / Role of the Student Athlete
- _____ Form 2: Transportation of Minor Form / Driver Information Form
- _____ Form 3: Emergency Form
- _____ Form 4: Athletic Medical Authorization Form (anytime after 5/1/09)
- _____ \$35 sport activity fee for Track and Field. (checks payable to Saint Theresa Catholic School)

Thank you for completing and signing all forms.

Saint Theresa School Track and Field Permission Form 2010

I/We, the parent(s)/guardian(s) of _____ request that the school allow my child to participate in the after school track and field program at Saint Theresa Catholic School during the 2009-2010 school year. I understand that I am responsible to provide or find transportation for my child to and from practices and track meets. I agree to pay the **\$35.00** registration fee. This is a 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. 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 and school, 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 pm except on meet 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 from any and all liability after this time.

Parent/guardian signature

Date

I give permission to give my e-mail address to my child's coach. Email: _____

Second Email: _____

Parent Daytime Phone: _____

This is the first sport my child has participated in this year.

My child has participated in a CYAA sport this year. **All emergency information submitted is still correct.**

My child has participated in a CYAA sport this year. **I am making changes to the emergency form on the back of this page.**

Please turn form and payment into school office by Wednesday, March 17.

Tuesday, March 23: Parent Athlete Meeting in Room 16

Wednesday, April 14: Track Practice Begins

Practices are on Wednesday and Fridays. Meets are on Saturdays and there is usually one meet on Friday evening. Meet dates have not been announced yet. We will have a more detailed schedule at our Parent/Athlete meeting on Tuesday, March 23.

Role of the Student Athlete

All eligible student-athletes are encouraged to participate in the various Saint Theresa School sports. Students who choose to participate in Saint Theresa sports must make a commitment to their team. To play on a Saint Theresa sports team is both a privilege and responsibility. To practice and play takes a number of after school hours, and the student's usual grades must be maintained or the privilege of playing a sport will often be taken away from him/her. When a player is suspended from a team, the teammates as well as the player are affected. Any player who chooses to play on a team owes it to his/her coach and teammates as well as himself/herself to remain on the team until the conclusion of the season.

Any student athlete participating in a Saint Theresa activity is expected to:

1. give fully of himself / herself during all practices and all games.
2. make a commitment to the team over other activities.
3. be accepting of his/her honest mistakes.
4. strive to achieve without placing undue pressure on self or teammates.
5. recognize and respect the strengths and weaknesses of teammates.
6. exhibit sportsmanship at all times.
7. accept the guidance of coaches
8. respect the coach and their decisions at all times
9. respect the decisions of officials
10. never criticize coaches, officials, or fellow athletes.
11. refrain from offensive or abusive language and actions.
12. maintain as a minimum standard a 2.0 g.p.a. with no failing grades (F's).
If the G.P.A. is not maintained and/or a student has a failing grade (F) a student may not participate until the next review time.
13. conduct himself/herself in an appropriate manner as a student-athlete. A child who receives a "Step 2" Office Referral or higher of the discipline cycle will be suspended from all practices and games for a designated time period determined by the administration.
14. communicate to the coach the reason for missing or being late to practice or games. Continued lateness or absences may result in loss of playing time.
15. turn uniforms in by designated date.

Parent Signature

Student Athlete Signature

Please be sure both parent and student sign this form. Thank you!

SAINT THERESA CATHOLIC SCHOOL
2009-2010

**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

name

name

AND RELEASE THEM TO GO TO THE AFTER SCHOOL SPORTS PROGRAM.

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?
_____	_____	_____	20. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual cycle? _____
			c. What was the longest time between menstrual periods in the last year? _____

(Explain any YES answers on back)

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: _____

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