

## Saint Theresa Athletics 2009-2010

Month	Date	Day of Wk	
July	1	Wed	Paperwork available for all Sports
August	18	Tues	Coaches' meeting for coaches of Fall sports: Football & Volleyball 6 PM Rm 17
	18	Tues	Coaches' fingerprint information and paperwork due. Go to <a href="http://stcs.us/athletics/coaches">stcs.us/athletics/coaches</a>
	20	Thur	<b>All paperwork</b> due in office for Fall, Winter & Spring. Fall \$75sport fee is due today
	20	Thur	Girls and Boys <b>All Sports</b> parent and athlete meeting: 3:15 pm in the Gym
	10,11,13		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	Fri	Mid Term Grade Check--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
	TBA		<b>Report Cards Issued -- Ineligibility Begins</b>
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
	20	Fri	Mid Term Grade Check--Ineligibility Begins
December	15	Tues	No practice or games - Advent program
January	TBA		<b>Report Cards -- Ineligibility Begins</b>
	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

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

<b>March</b>	<b>2,</b>	<b>Mon</b>	Track and field confirmation form and paperwork available in office
	<b>TBA</b>		Team pictures TBA
	<b>TBA</b>		<b>Report Cards -- Ineligibility Begins</b>
	<b>17</b>	<b>Wed</b>	Track confirmation form and fee due in office
	<b>23</b>	<b>Tues</b>	Parent – Athlete Meeting 3:15 in gym
	<b>23</b>	<b>Tues</b>	Coaches' meeting for coaches of Track and Field 4:00 (after parent meeting)
	<b>23</b>	<b>Tues</b>	Track coaches' fingerprint information and paperwork due
<b>April</b>	<b>14</b>	<b>Wed</b>	Track practice begins
	<b>12-May 1</b>	<b>Mon-Sat</b>	7-8 Boys Baseball tournaments begin.
	<b>19-May 1</b>	<b>Mon-Sat</b>	7-8 Girls Basketball tournaments begin
	<b>23</b>	<b>Fri</b>	Mid Term Grade Check--Ineligibility Begins
	<b>23,30</b>	<b>Fri</b>	Possible Track Meet: Meet dates are not announced until March 2010
	<b>24</b>	<b>Sat</b>	Possible Track Meet: Meet dates are not announced until March 2010
<b>May</b>	<b>1</b>	<b>Sat</b>	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 August 20.**
2. **Make check for \$75 payable to Saint Theresa Catholic School.**
3. **Turn into school office.**

All forms will be kept on file. After filing the forms for your child's first sport, you need only sign a permission form and attach the sport fee for each additional sport your child participates in. Any changes to your child's emergency form can be made on the back of the permission 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 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 5/1/08)
- \_\_\_\_\_ \$75 sport activity fee (checks payable to Saint Theresa Catholic School)

**Thank you for completing and signing all forms.**

## Saint Theresa Catholic School Athletics Permission Form

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ request that the school allow my child to participate in the C.Y.A.A. at Saint Theresa Catholic School in the sports marked below during the 2009-2010 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 pay \$75.00 per sport. This 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. 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 the cost to replace the uniform. 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 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 from any and all liability after this time.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Please check one:**

- This is the first sport my child is doing this year.
- My child has participated in a sport this year. All emergency information submitted is still correct.
- My child has participated in a sport this year. I am making changes to the emergency form on the back of this page.

**I give permission to give my E-mail to my child's coach.** E-mail: \_\_\_\_\_

Second E-mail: \_\_\_\_\_

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

- |  |   |   |
|--|---|---|
| <p><b>Fall:</b></p> <p><input type="checkbox"/> Girls Volleyball</p> <p><input type="checkbox"/> Boys Football</p> <p><b>Deadline: August 20</b></p> | <p><b>Winter:</b></p> <p><input type="checkbox"/> Girls Softball</p> <p><input type="checkbox"/> Boys Basketball</p> <p><b>Deadline: October 30</b></p> | <p><b>Spring:</b></p> <p><input type="checkbox"/> Girls Basketball</p> <p><input type="checkbox"/> Boys Baseball</p> <p><b>Deadline: January 22</b></p> <p><input type="checkbox"/> Girls/Boys Track</p> <p><b>Deadline: March 17</b></p> |
|--|---|---|

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Best Phone Number to reach you**

**I am interested in volunteering in the following ways:**

- |  |  |
|--|--|
| <input type="checkbox"/> Head Coach for _____  | <input type="checkbox"/> Team Parent                 |
| <input type="checkbox"/> Asst. Coach for _____ | <input type="checkbox"/> Sports Banquet              |
| <input type="checkbox"/> Scorekeeping          | <input type="checkbox"/> Organizing Sports Paperwork |

## 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.

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Parent Signature

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Student Athlete Signature

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

***ALL participants must complete and have this form notarized.***

**Transportation of Minor Person to/from School Campus**

The Catholic Diocese of Phoenix "Policy on Sexual Misconduct" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving minors 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 after school sports program of Saint Theresa Catholic 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 but only upon a showing by the school that 1) a school has made reasonable efforts to have two adults present in such vehicles 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, \_\_\_\_\_, as parent/guardian 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/GURADIAN TO ALLOW FOR EXCETPION TO POLICY.**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ (name of student) a participant in the after school sports program at Saint Theresa 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 2009-2010. 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 \_\_\_\_\_ (name of student), will solely provide transportation for my child to all activities away from the school campus.

\_\_\_\_\_  
(Signature of parent/guardian)  
\_\_\_\_\_

(Signature of parent/guardian)

State of Arizona )  
County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

My commission expires:

\_\_\_\_\_  
Notary Public

## Driver Information Form

\_\_\_\_\_ I will not be driving my child or any other children to and from games. *(If you are not driving, please check this box and sign the bottom of the form.)*

### Driver

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

### Vehicle That Will Be Used

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_

Address of Owner \_\_\_\_\_ Make of Vehicle \_\_\_\_\_

Year of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned 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 Policy Expiration \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

\*Please note: The minimal, acceptable liability limit for privately owned vehicles is \$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 25 years of age or older, 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 to transport students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fill out ALL INFORMATION or form will be returned.**

## SPORTS EMERGENCY FORM

Please complete the following form. This form is required for every student who is involved in after school sports. All areas must be completed and *all four emergency contacts must sign the form below their name*, signifying that they have agreed to be called in case of an injury or emergency. Parent or Guardian is required to list two people other than parent who may pick-up or authorize care for the injured child. *All information is given to your child's coach and will only be used for your child's health and safety concerns.*

### STUDENT INFORMATION

Name			Birth Date:    /    /		
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Month</i>	<i>Date</i>	<i>Yr</i>
Present Age:	Sex	Grade:	Teacher:		
Home Address:		Apt.	City:	Zip:	Hm Phone:

### MEDICAL INFORMATION:

Allergies (food and drugs):

Medications (all routine & as needed meds):

Special Health Conditions:

### FATHER STEPFATHER GUARDIAN

### MOTHER STEPMOTHER GUARDIAN

Circle One	Circle One
Name:	Name:
Occupation:	Occupation:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:                      Work Phone:
E-mail:	E-mail:

### ALTERNATE EMERGENCY CONTACTS:

Name:	Name:
Occupation:	Occupation:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Doctor:

Address:

Phone Number:

Hospital Preference:

Insurance Provider:

Policy Number:

*It is the sole responsibility of the parent to provide transportation for an injured child as soon as possible. Please notify the school immediately if any of the information changes or if you would like to make additional information available such as*

*new medical or emergency information. Thank you \_\_\_\_\_ (Signature of Parent or Guardian)*

*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

# DON'T FORGET:



ALL ATHLETES MUST HAVE A  
SPORTS PHYSICAL  
DATED AFTER MAY 1, 2009  
AND **SIGNED BY A PHYSICIAN.**

BE SURE TO PRINT OUT THE  
“MEDICAL AUTHORIZATION FORM”  
LOCATED NEXT TO THE  
“FIRST TIME ATHLETE” PAPERWORK.

Students may not participate without a physical.

