

Saint Theresa Catholic School Athletics 5th- 8th Grade Athletics Paperwork

Saint Theresa Catholic School Sports Sign-up is as easy as 1, 2, 3 . . .

*Please fill out **one set of forms each year, for each child participating in the Saint Theresa Athletic Program.*** Additional copies of the Athletics Paperwork can be downloaded at <https://www.stcs.us/athletics-1>. Before the winter and spring seasons, you will be contacted to confirm your child's interest in that sport.

Athlete's Name _____ **Grade** _____ **Teacher** _____

Note: Students may not participate in practice or games until all forms and fees are signed, completed, and turned into the office.

- The "Transportation of Minor" form must be NOTARIZED and completed for each athlete.
- All Physical forms must be dated after June 1st.
- 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.

Forms Checklist

_____ I am turning in the following for the first time:

_____ Form 1: Athletics Permission Form

_____ Form 2: Role of the Student Athlete

_____ Form 3: Role of Parent/Guardian

_____ Form 4: Transportation of Minor Form (Must be notarized)

_____ Form 5: Driver Information Form

_____ Form 6: Emergency Form

_____ Form 7: Release Form for Extended Care

_____ Form 8: School Sports Pre-Participation Examination (Completed by parent)

_____ Form 9: School Sports Pre-Participation Examination (Completed by physician)

_____ (Please initial) I understand I will be billed \$125 through FACTS at the beginning of each sport season. (Do not include your payment with this form.)

Thank you for completing and signing all forms!

Cover Sheet

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 Saint Theresa Catholic School after school sports program in the sports marked below during the 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 complete all forms and understand that I will be billed the required sport fee through FACTS at the beginning of the season for each sport. This fee 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. If a team is canceled, refunds will be reimbursed through SCRIP. 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 \$25 to replace each piece of the uniform. I understand that pants, Socks are required for softball and baseball. 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 or 6:00 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 and volunteers from any and all liability after this time.

Child's Name _____ Grade _____ Teacher _____

I give permission to give my Email to my child's coach.

Primary Email: _____

Second Email: _____

Please check ALL sports your child will participate in this year.

A confirmation form will be sent out via email before each season.

Fall:

Winter:

Spring

___ Girls Volleyball

___ Girls Softball

___ Girls Basketball

___ Boys Football

___ Boys Basketball

___ Boys Baseball

\$125 billed through FACTS \$125 billed through FACTS \$125 billed through FACTS

Parent/Guardian Signature

Date

Best Phone Number to reach you

I am interested in volunteering in the following ways:

___ Head Coach for _____

___ Team Parent

___ Asst. Coach for _____

___ Photographing Games and Meets

___ Scorekeeping for _____

___ Organizing Sports Paperwork

___ Notarizing forms

Role of the Student-Athlete

STUDENT CODE OF CONDUCT AND RESPONSIBILITIES

1. Student athletes must maintain a minimum **grade** of a “C” in all subjects.
 - Grade checks will occur at mid-term and at the end of the term.
 - If a student is found to be ineligible, they will be on a two week probation period, in which they must reach the minimum requirement or be dismissed from the team.
 - It is the responsibility of the athlete to set up a meeting with the teacher to discuss how to improve their grade. During the two week probation period the student will go to all practices. On game days the student will go home or to Study Hall to work on their school work.
 - The student will return to the team as soon as the teacher notifies the Athletic Director that the athlete’s grade has reached the minimum requirement.
 - If the student athlete receives five lunch detentions in one season the athlete will be dismissed from the team. After the 3rd detention the Student Athlete will be suspended for 1 game. If a 4th is received it will be an after school detention and suspended game.

2. Students who participate must make a **commitment** to their team to attend all practices and games.
 - School sports should be the first priority. Any conflicts of outside activities including club ball, need to be resolved with coaches, and a written excuse submitted before conflict.
 - Attend daily practice sessions as scheduled and bring appropriate equipment and water.
 - Excused absences are allowed when the coach is notified prior to the absence or when the student is ill.
 - The player or parent is responsible for informing the coach of the upcoming absence. Do not expect a fellow teammate to shoulder this responsibility for you. Any player that leaves it up to a teammate to provide notification of your absence will receive an unexcused absence for that practice or game.
 - The athlete will give 100% effort during practices and games.
 - The athlete will compete without placing undue pressure on self or teammates.
 - Students who are absent for more than 4 hours are not permitted to participate in that day’s extra-curricular activity.
 - Students who miss P.E. due to illness or injury will not be allowed to participate in the scheduled games that same day.

3. Athletes will respect all coaches, players, and officials on and off the court/field and maintain the **code of conduct**.
 - Athletes will accept guidance.
 - Athletes will respect the decision made by officials
 - Athletes will exhibit positive sportsmanship at all times and refrain from the use of offensive language and actions.
 - Athletes will respect the strengths and weaknesses of all teammates.
 - Social media will be used to promote Saint Theresa and will not be used to discuss issues or concerns.
 - Athletes who are disrespectful may be “benched”. This is at the discretion of the head coach.

 Parent Signature

 Student Athlete Signature

Please be sure both parent and student sign this form

Role of the Parent/Guardian

PARENT/GUARDIAN CODE OF CONDUCT AND RESPONSIBILITIES

1. Parents need to prioritize their time and their children's time to help make the school sport a priority.
2. Parents must turn in all completed paperwork and fees on time.
3. Parents must arrange to have their child picked up immediately after practices or games (a coach will wait with athletes for 10 minutes after a scheduled practice or game and then escort them to Extended Care where the parent will incur a fee.)
4. Parents are responsible to transport or find transportation for their child to and from away games. Parents who are driving must have the required auto insurance (min. liability 100,000/ 300,000) in order to drive for athletic activities.
5. After away games, an athlete will be returned to the St. Theresa campus if not picked up at an away game. They will be escorted to Extended care unless prior written permission is given to carpool them home with that driver.
6. Parents will be supportive:
 - Parents will be positive in their role as spectator.
 - Parents will cooperate and respect the decisions of coaches and officials.
 - Parents will refrain from using offensive language or gestures.
 - Parents will refrain from physical contact with any other official or parent.
 - Parents will refrain from discussing player concerns amongst themselves.
7. Parents are encouraged to use social media to promote our school and update friends and family on the success of the team and your child. Social media sites and website message boards are not the proper forums to address issues or concerns with Saint Theresa.

Parent Signature _____

Date _____

Please be sure to sign this form.



Appendix G.6
(Exception Form)

Roman Catholic Diocese of Phoenix
TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor 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 _____ (name of program) of _____ (name of 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** only upon a showing by the school that:

- 1) a school has made reasonable efforts to have two adults present in such vehicles, but 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, _____, 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/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**

I, _____, parent/guardian of _____, (name of student) a participant in the _____ (name of program) of _____ (name of 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. 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 _____, will solely provide transportation for my child to all activities away from the school campus.

(signature of parent/guardian)

(print name of parent/guardian)

State of Arizona
County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____



Appendix G.5

ROMAN CATHOLIC DIOCESE OF PHOENIX DRIVER INFORMATION FORM

(Please Type or Print)

DRIVER INFORMATION				
Driver Last Name:	First Name:	Middle Initial	Date of Birth	
Street address:		City:	State:	Zip Code:
Phone #:	Drivers License #:	State:	Expiration Date:	

In order to provide for the safety of our students, we must ask each volunteer drive to list all accidents or moving violations you have had in the past five (5) years:

VEHICLE INFORMATION				
Name of Owner:				
Owner Street address:		City:	State:	Zip Code:
License Plate #:	State:	Date of Expiration:		
Model of Vehicle:		Make of Vehicle:	Year of Vehicle:	

If more than one vehicle is to be used, the above 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 Expiration:
Liability Limits of Policy*:		

***Please Note: The minimum acceptable limits for privately owned vehicles are \$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 21 years of age or older. I must be 25 years of age or older to transport minors. I must 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.	
<i>Signature</i>	<i>Date</i>



Roman Catholic Diocese of Phoenix
HEALTH AND EMERGENCY INFORMATION FORM _____ (School Year)

Appendix B

[School]

Student's Name	Date of Birth	Grade/Room	M F Sex
Student's Address	City, State, Zip		
Mother's/Legal Guardian's Name	Father's/Legal Guardian's Name		
()	()	()	()
Daytime Phone	Cell Phone	Daytime Phone	Cell Phone
Address (if different from Student's)	Address (if different from Student's)		

Alternative Emergency Contacts – If Parents Cannot be Reached

Primary Emergency Contact	Secondary Emergency Contact
()	()
Daytime Phone	Cell Phone
()	()
Daytime Phone	Cell Phone

Student Health & Medical Information

Physician's Name	Phone Number
Dentist's Name	Phone Number
Name & Address of Preferred Hospital (if any)	Phone Number
Insurance Company	Group & Policy Number
Student's Allergies	Medications Student Takes Regularly

Special Health Considerations:

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my student. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the Student to be given medical care by the doctor or hospital selected by the School. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill. I authorize the School to release medical information about my student to his/her care provider. I authorize the School to release care and custody of my student to the emergency contacts listed above. It is understood that the consent and authorization given hereby are continuing and apply throughout the current school year. It is further understood that insurance or parent of student will pay any expenses incurred. Payment of such expenses is not a school responsibility.

 Signature of Parent/Legal Guardian

 Date

Saint Theresa Catholic School

**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 of my child who attends Saint Theresa

name of my child who attends Saint Theresa

name of my child who attends Saint Theresa

**AND RELEASE THEM TO GO TO THE AFTER SCHOOL SPORTS PROGRAM.
(Please email Elizabeth Klipp at eklipp@stcs.us each day your child needs to
go from Extended Care to their practice or home game.)**

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 limitations 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: cardiomyopathy, 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?

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: _____

///

School Sports Pre-Participation Examination

(Must be completed by a 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: _____