



*St. Gregory Spartans Athletics
Sports Information Packet
2010-2011*

SPORTS PERMISSION FORM
St. Gregory Elementary School

I/We, the parent(s)/guardian(s) of _____ request
Name of child

that the school allow my child to participate in the C.Y.A.A. after school sports program at **St. Gregory Elementary School**. I understand that this will include travel to other schools on an activity bus. Also due to league fees, update of uniforms and the cost of officials each participant will have to pay a sports fee of \$50.00 per academic year. This fee should be paid before the first game or arrangements made with the office or the Athletic Director. This is non-refundable to those who drop out of the program, those who are suspended, and those who are academically ineligible due to grades or conduct. The participants are responsible for the uniforms and maintaining the condition in which they were given. If lost or damaged an additional \$30.00 will be charged per piece of lost or damaged uniform.

We hereby release and save harmless School or any and all of its employees from any and all liability for any harm arising to my/our son/daughter as a result of participating in the C.Y.A.A. after school sports.

Sincerely,

Parent/Guardian Signature

Date

Daytime phone

Check Sports for participation:

Boys: ___ Flag Football ___ Basketball ___ Baseball

Girls: ___ Volleyball ___ Softball ___ Basketball

In case of an emergency please contact _____

at _____
Phone Number

EMERGENCY FORM
St. Gregory Elementary School

Name _____

Address _____ Phone _____

Emergency Phone _____

Doctor To Be Called In Case Of An Accident

Name _____

Address _____ Phone _____

Hospital Preference _____

Insurance Company _____ Policy # _____

NOTE: In Case Of An Accident May We Choose A Physician?

YES _____ NO _____

Parent's Signature _____ Date _____

EMERGENCY CARE FORM
St. Gregory Elementary School

Student _____ Grade _____

BE IT KNOWN that I, the undersigned parent or guardian of the student above-named, do 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 said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility.

DATED the _____ day of _____, 20_____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Family Physician _____

Insurance Carrier _____ Policy/Group # _____

Home Address _____

Home Phone _____

Father's Work Phone _____

Mother's Work Phone _____

ATHLETIC MEDICAL AUTHORIZATION
St. Gregory Elementary School

Please Print: (Last Name) _____ (First Name) _____ (Initial) _____
Grade _____
Birthdate _____

Eyes R _____ L _____ Glasses _____ Hearing R _____ L _____ Height _____ Weight _____

Ear, Nose, Throat _____ Lungs _____

Urinalysis _____ Diabetes _____ Pulse _____

Blood Pressure and Heart _____ Heart Murmur _____

Deformities or present illness _____ Prosthesis _____

Hernia evidence _____ Concussion _____ Epilepsy _____ Other _____

Would athletic competition be injurious? _____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

_____ Date _____ Signature of Examining Physician

Health History

- | | |
|----------------------------|--------------------------|
| _____ Allergy to bee sting | _____ Heart murmur |
| _____ Anemia | _____ Hepatitis |
| _____ Arthritis | _____ Hernia |
| _____ Asthma | _____ Hives |
| _____ Concussion | _____ Kidney trouble |
| _____ Diabetes | _____ Migraine headaches |
| _____ Eczema | _____ Pneumonia |
| _____ Emotional problems | _____ Rheumatic fever |
| _____ Epilepsy | _____ Other: |
| _____ Fainting | _____ |

Operations:

_____ (Include year)

Fractures: _____

(Include year)

To which drugs is the student allergic? _____

If student is now under medical treatment list reason and attending doctor:

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 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 **Sports Program** at **St. Gregory Elementary 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 **Sports Program** at **St. Gregory Elementary 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 _____, 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: _____

DRIVER INFORMATION FORM

Driver

Name _____ Date of Birth _____
Address _____ Social Security # _____
Phone # _____
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 _____
Registration Expiration date _____

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)

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

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

St. Gregory Athletics

Student-Athlete Responsibilities: Students are expected to meet all eligibility requirements during each grading period. These requirements include, but are not limited to: follows the All School Rules; maintains a 2.0 or higher grade point average; has no grades lower than a “C-“ in any subject; behavior grade is not lower than “Satisfactory”; completes classroom projects and homework in a timely manner; displays cooperation and respect toward all adults, teachers, staff and other students; abides by team rules; displays good sportsmanship and shows respect toward all coaches. All student-athletes are expected to attend the after-school study hall, which is held before practices. All student-athletes are expected to attend practice everyday. Any student-athlete who does not attend, must notify the coach of that sport. Coaches reserve the right to start any player they feel necessary.

Parental Responsibilities: Parents are encouraged to take an active part in their child's athletic program. Parents and other adults can have a great influence as spectators. It is important that this influence be of positive and cooperative nature. A parent who observes another parent whose behavior is not consistent with St. Gregory Catholic School's philosophy, should make the matter known to the school's Athletic Director and or Administration.

Parents and spectators should refrain from any negative talk regarding the players, coaches, or officials. It is the responsibility of parents and spectators to encourage all participants to do their best, display good sportsmanship and enjoy the athletic event.

Emergency Contact information maintained in the school office for the student-athlete should be reviewed and updated as necessary by the parents at the beginning of each season.

Sports physicals are necessary each school year. Although a student may have already had one last year, it is important that they have one each year, while playing sports. Students will be ineligible without proper documentation.

Sports fees are necessary for the sports program to access new equipment and uniforms, please make sure all fees are paid to the school office or Athletic Director as soon as possible.

The interscholastic athletic program of the Catholic Schools is an integral part of the education program. It must, therefore, be in harmony with the educational objectives. Any interscholastic athletic activity should teach:

- an individual to be a responsible and contributing team member.
- selfless effort in working with others to reach a common goal.
- appreciation of others efforts, whether they be teammates, opponents, officials, or coaches.
- an ability to keep activities and games in proper perspective.

Athletics should be a significant, valuable community activity, foster loyalty, school spirit, student participation and healthy competition. Goals of the athletic program should be meaningful to all students in a school.

The main objectives of the Catholic Youth Athletic Association program should be that of developing qualities of leadership, good sportsmanship, and promoting a Christian atmosphere in which students will grow in respect and concern for others in their own environment as well as in society as a whole.

Emphasis should be placed upon the development of game fundamentals. Principals, coaches, and parents should encourage players to give their best, improve their skills, and have fun when playing a game.

PARENT/STUDENT SIGN OFF
St. Gregory Elementary School
2010-2011

I/We have read the philosophy, roles, rules and regulations on the previous page regarding St. Gregory Athletics and the Catholic Youth Athletic Association (C.Y.A.A.).

I/We agree to abide by these and all policies approved by the school and the Diocese of Phoenix for students attending St. Gregory Elementary School.

Student Signature _____ Date _____

Parent Signature _____ Date _____

**Please sign and return with sports packet to Coach Mosher as soon as possible.*

