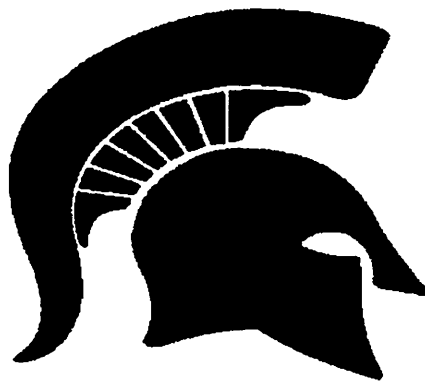


St. Gregory Spartans Athletics
Sports Information Packet
2018-2019



EMERGENCY FORM
St. Gregory Catholic Elementary School

Student Name _____ Parent(s) Name _____
Address _____ Phone _____
Emergency Phone _____ Email _____

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 _____

ATHLETIC MEDICAL AUTHORIZATION
St. Gregory Catholic Elementary School

Please Print: (Last Name) (First Name) (Middle Initial)

Grade _____ Birth date _____

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

- | | |
|---|---|
| <input type="checkbox"/> Allergy to bee sting | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Kidney trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 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:

EMERGENCY CARE FORM
St. Gregory Catholic Elementary School
(Coaches form)

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 _____ email _____

Mother's Work Phone _____ email _____

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 Catholic 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 Catholic 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 2018-2019. 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: _____

Student Eligibility

The after-school sports program is optional for students, both boys and girls, in the 5th through 8th grades. The sports available are:

- Boys: Flag Football (Fall), Basketball (Winter), and Baseball (Spring)
- Girls: Volleyball (Fall), Softball (Winter), and Basketball (Spring)
- Boys/Girls: Mini Soccer Season (Winter) – dependent on yearly Diocese of Phoenix guidelines

The ability to participate in the after-school sports program is a privilege and not a guaranteed right. Parents and participants must monitor the student's academic and behavior progress with the appropriate teacher(s) to ensure the student's eligibility.

Student athletes must maintain at least a 2.0 grade point average in order to retain eligibility. Additionally, student athletes must receive no grades lower than a "C-" and a behavior grade not lower than "satisfactory" to maintain eligibility. Students will be notified of their ineligibility status when Progress Reports or Report Cards are issued.

Student athletes who become ineligible will remain so for a two week period of time. At that time, student grades will be reevaluated to determine if academic requirements are being met. Student athletes who are still not meeting academic requirements at that time, will remain ineligible on a week-by-week basis until the next grade check. Grades checks will take place every Monday.

Ineligibility becomes effective the day immediately following the Ineligibility Report. If there is a game on that day, the players are allowed to play for that day **ONLY**. This will alleviate any last minute changes to teams and schedules. Any student who is deemed ineligible may not practice with the team nor play in any games, including tournament games, until eligibility has been reinstated.

When progress reports or report cards are published, the administration will run an Ineligibility Report. Based on information obtained from the Ineligibility Report, the administration will notify the Athletic Director which students are ineligible. The Athletic Director will inform the students and coaches and will send parents a Progress Report indicating specifics of ineligibility.

The school administration is the final authority for any issues regarding a student's athletic eligibility.

Student-Athlete Responsibilities: Students are expected to meet all eligibility requirements during each grading period. Student-Athletes should also complete classroom projects and homework in a timely manner; display cooperation and respect toward all adults, teachers, staff and other students; abide by team rules; display 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 at all times.

If you, as a parent, have concerning matters to discuss, communications begin with the coach and should be made by appointment. This guarantees the coach can give parents their full attention. The order for parent communication, regarding athletics, is as follows:

- Coach (and student if appropriate)
- Coach and Athletic Director (and student if appropriate)
- Coach and School Administration (and student if appropriate)

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 pay for officials and access new equipment and uniforms, please make sure all fees are paid to the school office as soon as possible. Once paid, you will receive a paid receipt and a pass for your student athlete to receive their jersey. Sports fees are \$60.00/sport and must be paid prior to the start of the season.

CATHOLIC YOUTH ATHLETIC ASSOCIATION PHILOSOPHY

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.

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, have watched the Catholic Mutual driver video (<http://catholicmutual.org>), and have the required insurance coverage in effect on any vehicle used to transport students.

Signature

Date

PARENT/STUDENT SIGN OFF
St. Gregory Elementary School
2018-2019

I/We have read the philosophy, roles, rules and regulations on the previous page regarding St. Gregory Catholic School 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 Catholic Elementary School.

Student Signature _____ Date _____

Parent Signature _____ Date _____

**Please sign and return with sports packet to Athletic Director Brittain as soon as possible.*