



Holy Family Catholic School

2012-2013

Sport Fee and Uniform Agreements

Students participating on league teams are charged an athletic fee of \$25.00 for each sport (excluding track). This is used to cover expenses for referees.

The uniform for Holy Family sports teams will consist of the physical education shorts , (which shall not be worn below the hips for the boys or rolled up by the girls), the supplied jersey, sneakers or cleats and white crew socks. Soccer players are to wear navy blue soccer socks. Shin guards are required for soccer. Mouth guards are required for football and recommended for the other sports. Knee pads are available for the volleyball team.

The jerseys will be tucked into the shorts per the state rules used by our league. NO jewelry, including rubber bands, string bracelets etc. NO writing on the body, coloring in the hair. Longer hair must be pulled back off the face using only soft materials such as rubber bands, scrunches, headbands.

****A player not in the correct uniform will not play****

We have read and understand the school and league rules regarding uniforms and have enclosed the \$ 25.00 fee for the season.

Parent _____

Student _____ Grade _____

Sport _____

For Office Use Only
Date _____ Check # _____ Amt _____



HOLY FAMILY CATHOLIC SCHOOL
ATHLETIC EVENTS CONSENT AND RELEASE

Name of Sport: _____

I request that my child be allowed to participate in the above –named event(s). I understand that reasonable care and supervision will be exercised to provide for my child's well-being during practice for the event and the event itself. However, I also understand that there are certain risks inherent with this athletic event(s). I assume all risks inherent with these event(s) and consent my child being allowed to participate. I release, covenant not to sue, and save harmless Holy Family Catholic School as well as The Most Reverend Robert N. Lynch, Bishop of The Diocese of St. Petersburg, all clergy, employees, staff, agents, and volunteers for the event, from any and all claims and for any and all harm arising to my child as a result of participation in these athletic events.

I understand I am responsible for transporting, or arranging transportation for my child to and from the athletic events. Holy Family Catholic School will, in no way participate in arranging or executing transportation for the events.

I request a Holy Family Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during the events and I agree to pay any expenses incurred for such treatment.

Student Name: _____ Grade: _____

Signature of Parent or Legal Guardian: _____

Please add pertinent medical information particularly in regards to any condition that may affect or affected by participation in this sport. (e.g. asthma- needs inhaler before game):

Medication: _____ Instructions: _____

2012-2013 School Year

STATEMENT OF COMPLIANCE

The Catholic School is unique because of its total commitment to the three-fold purpose of Christian education: message, community and service. It creates an atmosphere where Catholic Faith can be integrated with life and learning. All those involved in a Catholic school - parents, pastors, faculty and staff, administrators and students - must strive to make it a community of faith which indeed is living, conscious, and active.

As a student-participant in sports, and as parents of a student-athlete, we understand and agree to abide by the guidelines and regulations of the **Diocesan Guidelines for Interscholastic Athletics: Elementary and Middle Catholic Schools and the Regulations and Policies of the League.**

I/We understand this means that the student will strive to:

- ✓ be on time for all practices and games
- ✓ stay for the entire practice/game
- ✓ encourage all team players to develop their full potential
- ✓ play by the rules of fair play
- ✓ act in a Christian manner toward all
- ✓ maintain a school average that will allow me to fully participate in sports

I agree to follow the regulations of our diocese, the school sports guidelines and the directives of the coaches:

Student Signature _____ Date _____

PARENT / GUARDIAN

SPECTATOR ETIQUETTE:

Spectators at school athletic events are asked to refrain from "coaching from the sidelines." Cheering is encouraged - loud and vigorously. But, please refrain from calling out directions to a particular child or yelling at the team about what they should have done or not done with the ball. That is the coach's task.

***Thank you for understanding, your cooperation
and your presence at our games!***

I understand that I am responsible for providing or arranging for transportation for my student-athlete to/from all games and practices. I agree to provide the opportunity for my child to be present at all practices and games. I will try to attend games as my schedule allows. Further, I will strive to model appropriate sports courtesy and will refrain from any form of "sideline coaching."

Parent Signature _____ Date _____

PARTICIPATION HEALTH SCREENING

Required annually in addition to school physical

Student Name _____ Grade _____

Home Address _____

Phone _____ Parent's Work _____ Cell _____

Student Soc. Sec. Number _____ DOB _____

Father's Name _____ Mother's Name _____

MEDICAL CONCERNS/RESTRICTIONS

CURRENT MEDICATIONS

I understand a sports health screening is necessary for my child's participation in
_____ Catholic School Extra-curricular Sports Program.

I further understand that competitive athletics may result in injury although the school has
and will do all it can to reduce the risk of injury. I request a _____
Catholic School representative to obtain medical treatment for my child in the unlikely
event of injury or illness during practice or games and I agree to pay any expenses
incurred for such treatment.

SIGNATURE OF PARENT/GUARDIAN _____

JOINT Custodial PARENT SIGNATURE _____

EXAMINING PHYSICIAN'S CERTIFICATE

I hereby certify that I have examined _____
on the date indicated below. Based on the past health history s/he has given me and on
my physical examination I find this athlete physically able to participate in interscholastic
sports.

Any Restrictions? _____

PHYSICIANS SIGNATURE _____

DATE _____

STUDENT SPORTS PHYSICAL HISTORY FORM

Students Name _____ DOB _____

Address _____ Grade _____

Physician _____

Sports _____

FILL IN DETAILS OF "YES" ANSWERS IN SPACE BELOW

	YES	NO
1. Has the above student ever been hospitalized?		
Has the above student ever had surgery?		
2. Is the above student presently taking medication?		
3. Does the above student have any allergies (meds., bees)?		
4. Has the above student ever passed out during exercise?		
5. Has the above student ever been dizzy during exercise?		
6. Has the above student ever had chest pain?		
7. Does he/she tire quicker than his/her friends during exercise?		
8. Has the above student ever had high blood pressure?		
9. Has the above student ever been told he/she has a heart murmur?		
10. Has the above student ever had a racing heart or skipped beat?		
11. Has anyone in your family died of heart problems or sudden death before age 40?		
12. Does the above student have any skin problems? (Itching, Moles, Breaking Out)		
13. Has the above student ever had a head injury?		
14. Has the above student ever been knocked out?		
15. Has the above student ever had a seizure?		
16. Has the above student ever had a stinger or burner?		
17. Has the above student ever injured (sprained, dislocated, fractured, etc.)		
_____ Hand _____ Shoulder _____ Thigh _____ Wrist		
_____ Neck _____ Knee _____ Forearm _____ Chest		
_____ Shin/Calf _____ Elbow _____ Back _____ Ankle		
_____ Arm _____ Hip _____ Foot		
18. Has the above student ever had heat cramps?		
19. Has the above student ever had:		
Mononucleosis _____ Diabetes _____		
Hepatitis _____ Headaches _____		
Asthma _____ Eye Injuries _____		
Tuberculosis _____ Stomach Ulcer _____		
20. Does the above student use special pads or braces?		
21. When was the above student's last tetanus shot?		
Explain "YES" answers here:		

