



SPORTS REGISTRATION CHECKLIST & INSTRUCTION SHEET

ALL 5TH - 8TH GRADE SPORTS

Greetings to all S.T.A. families! Team Mustang has been hard at work preparing for the 2017-2018 athletics program. We have organized an Athlete Registration Event during the first week of school to get everything set for the year ahead. Our Athletic Director, Paul McLaughlin, and members of Team Mustang leadership will be available to answer any questions or concerns. We will also have a team of volunteers on hand to process all registration materials upon submission. If you read and follow the instructions below, you will know everything you need to know to successfully complete the registration process.

MARK YOUR CALENDAR: Athlete Registration Event - Tues., Aug. 8th * 8 – 10 am * Welcome Back Coffee in Parish Hall. EVERY ATHLETE wishing to participate in **ANY SPORT** during the 2017-2018 year **MUST** have a fully executed Athlete Registration Packet, along with the non-refundable, \$50 REGISTRATION FEE submitted on his or her behalf. No athlete will be allowed to participate in tryouts for any S.T.A. Athletics team unless he or she is registered.

COMPLETE and BRING THE FOLLOWING:

- 🍏 1. Registration Checklist and Instruction Sheet (This paper)
- 🍏 2. C.Y.A.A. Sports Permission/Intention/Fee Agreement
- 🍏 3. Emergency Form
- 🍏 4. **Physical Examination Form (completed by DOCTOR)**
- 🍏 5. Medical Disclosure Form
- 🍏 6. **Transportation Consent Form (must be NOTARIZED)**
- 🍏 7. Driver Information Form (Non-drivers fill out and check non-driver box)
- 🍏 8. Commitment Agreement (signed by ATHLETE and PARENT)
- 🍏 9. Athlete Information Form
- 🍏 10. \$50 Registration Fee (Checks Made Payable to "S.T.A. Athletics")
- 🍏 11. C.Y.A.A. Participation Sign-Off Form

SPORT PARTICIPATION FEES: Upon team selection, a \$125 participation fee will be billed to your Smart Tuition account over the course of two billing cycles. These participation fees help to cover the cost of uniforms, equipment, facilities upkeep, referees, umpires, tournament fees and coaches if qualified volunteers cannot be found. Once fees are charged, there are NO REFUNDS, as there are per athlete costs immediately incurred for uniforms, equipment, and other expenses.

SOCCER TOURNAMENT TEAM FEE: STA Soccer Tournament player will be charged a \$50 and covers the cost of uniforms, equipment and tournament fees. Once fees are charged, there are NO REFUNDS, as there are per athlete costs immediately incurred for uniforms, equipment, and other expenses.

Athlete's Name _____ Grade/Rm# _____

Parent Name _____ Phone # _____

Registration Fee Paid with Check # _____ Registration Completed By: _____ (Team Mustang Initials)



C.Y.A.A. SPORTS PERMISSION/INTENTION/FEE AGREEMENT

I/We, the parent(s)/guardian(s) of _____ request that the Saint Thomas the Apostle Roman Catholic School allows my child to participate in the C.Y.A.A. after school sports program for the 2017-2018 school year. As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend Saint Thomas the Apostle Catholic Parish, its officers, directors and agents, and the Diocese of Phoenix, coaches, chaperones, 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 is connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

I/We are aware that each participant will be required to pay a sports fee for each sport. This fee is to help with the cost of officials, league fees, tournament fees, and the update of uniforms. 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.

_____→
Please check for each sport in which your child will participate:

Boys' Football ____ \$125 sports fee

Girls' Volleyball ____ \$125 sports fee

Boys' Basketball ____ \$125 sports fee

Girls' Softball ____ \$125 sports fee

Boys' Baseball ____ \$125 sports fee

Girls' Basketball ____ \$125 sports fee

Boys' Soccer Tournament ____ \$ 45.00 fee

Girls' Soccer Tournament ____ \$45 fee

Father's Work/Cell _____ Mother's Work/Cell _____

Primary Email _____

Secondary Email _____

I/We authorize Saint Thomas the Apostle to bill my/our Smart Tuition account for all sports fees upon team placement. This payment will be divided over two months on your Smart Tuition account.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



EMERGENCY FORM

Please complete the following form. This form is required for every student who is involved in the Saint Thomas the Apostle Sports program. All areas must be completed and the form must be signed. All information will be given to your child's coach and will only be used for your child's health and safety concerns.

Student Information

Name _____ Birthdate _____ Gender _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Email _____ Grade _____ Homeroom # _____
Allergies (food and/or drug) _____
Medications _____
Special Health Conditions _____

Emergency Contact Information

Father/Stepfather/Guardian (circle one)

Mother/Stepmother/Guardian (circle one)

Name _____	Name _____
Occupation _____	Occupation _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____

Alternative Emergency Contact

Name: _____ Relationship to child _____
Home Phone: _____ Work Phone _____
Cell Phone _____ Email _____

Other Important Information:

Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Hospital Preference _____
Insurance Co. _____
Policy/Group # _____
In case of an accident may we choose a physician? Yes _____ No _____



PHYSICAL EXAMINATION FORM (COMPLETED BY DOCTOR)

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

1st and 2nd 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

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type): _____

Date: _____ / _____ / _____

Address: _____

Phone: (_____) _____

Signature of Physician: _____

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in d



MEDICAL DISCLOSURE FORM – 2017/18 SCHOOL YEAR

Student Name/Grade: _____ 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 limitation 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: cardiomyopath, 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: _____

Date: _____

Parent/Guardian Signature

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

**This document
must be
notarized**



TRANSPORTATION CONSENT FORM

The Diocese of Phoenix “Policy on Sexual Misconduct by Diocesan Personnel” provides that “Field trips or other outings involving minors in places and situations where no other adults are present” are to be avoided. Under this provision, Diocesan personnel transporting minors on such field trips and outings should be accompanied by another adult in the vehicle whenever possible.

Because of the limited number of participants in the After School Sports Programs of St. Thomas the Apostle Catholic School and the time of day in which program events will occur, it appears that it may not always be possible to have two adults occupying each vehicle transporting program participants.

The Diocese will permit exceptions to this policy but only upon 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.

To meet this second requirement, the following consent must be completed:

I, _____, as parent/guardian of _____,
a student participant in the St. Thomas the Apostle Sports Program hereby consent to allow said student to travel to and from program events in a vehicle occupied by a single adult member of Diocesan Personnel (clergy, religious, seminarians, deacons, paid personnel, and volunteers) as defined in the “Policy on Sexual Misconduct by Diocesan Personnel.” This consent is given subject to the following conditions (if any):

_____.

(Signature of parent/guardian)

(Printed name of parent/guardian)

Sworn to and subscribed to before me this _____ day of _____, 20____.

(Notary Public)

My commission expires: _____



DRIVER INFORMATION FORM

 No, I will NOT be driving my child or any other child to and from games.

(If you are not driving, please check this box and sign the bottom of the form only.)

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



COMMITMENT AGREEMENT

COACH'S COMMITMENT

As a coach, I understand my responsibility as a leader in the STA community. My actions in this role have potential to significantly influence the young athletes whom I coach. Therefore, I agree to the following:

1. To learn the fundamental skills, teaching techniques, and strategies of the coached sport.
2. To familiarize myself thoroughly with the rules and regulations of the regulatory body of the coached sport.
3. To assess the strengths and weaknesses of the players and place them in situations where they have the greatest opportunity for a positive experience and will achieve success.
4. To conduct practices and games in a manner allowing players the opportunity to improve their skills through active participation.
5. To cooperate with officials and sports regulatory bodies in the enforcement of rules and regulations and report any irregularities that violate these policies.
6. To remember that I am a youth coach and the game is for the players' benefit and not the adults.
7. To conduct myself as a role model.
8. To provide a safe and healthy playing environment.
9. To respect the players and their families by regularly and promptly communicating pertinent team information and by excusing players from practice on time.
10. To do my best to make the team experience a positive one for all involved.

Coach's Signature: _____ Date: _____

PLAYER'S COMMITMENT

As a player, I understand that I am a part of a team and a representative of the STA community. My actions impact many other people. Therefore, I agree to the following:

1. To show respect at all times: teammates, coaches, officials, parents, players, and self.
2. To remember that academics are more important than athletics. (Players are expected to maintain an average of 2.0 or better in order to participate.)
3. To attend and fully participate in all scheduled practices, games, and tournaments.
4. To be prepared for practices, games, and tournaments with proper uniform, equipment, attitude, and behavior.
5. To educate myself about the game and the rules.
6. To take responsibility for myself and perform as I intend to play.
7. To remember that sports can be dangerous and to play in such a way to minimize risks.
8. To dedicate myself to the sport, and realize that real improvement takes real effort.
9. To do my best to make a positive contribution to the team.
10. To strive to excel and have fun!

Player's Signature: _____ Date: _____

PARENT'S COMMITMENT

As a parent of an STA athlete, I understand my responsibility to my child and the STA community. Therefore, I agree to the following:

1. To recognize that it is vital that I support the efforts and decisions of the coaching staff.
2. To communicate any concerns to the coach in a respectful and timely fashion outside the presence of the players, including my child.
3. To recognize the importance of being a positive role model and demonstrate sportsmanship at all practices, games, and tournaments.
4. To cheer in a positive fashion for outstanding plays and refrain from criticizing the efforts of the officials, the players, and decisions made by the coaches.
5. To recognize that attendance at practice is a requirement for all team members and to make every attempt to assure my child will be able to participate in all practices, games, and tournaments.
6. To coordinate transportation for my child.
7. To notify the coach if the player has extenuating circumstances prohibiting a player from attending practice, game, or tournament at least 24 hours in advance.
8. To respect the authority of the coaches during warm-up, practices, games, and post-game meetings.
9. To recognize that at the Junior High level, athletics becomes a competitive endeavor. As such, I understand that no particular position or amount of playing time is assured, beyond C.Y.A.A. guidelines.
10. To understand that communication is critical and sometimes changes are unavoidable. Therefore, I will regularly monitor my e-mail for team information and instruction.

Parent's Signature: _____ Date: _____



ATHLETE INFORMATION SHEET FOR COACHES

Player Name: _____ GRADE & HR Teacher: _____

Parent(s): _____ Phone: _____

Primary Email: _____ Additional Email: _____

UNIFORM SIZE REQUESTS:

VOLLEYBALL: Jersey _____ Shorts _____ FOOTBALL: Jersey _____ Shorts _____

SOFTBALL: Jersey _____ Visor _____ B. BASKTEBALL: Jersey _____ Shorts _____

G.BASKETBALL: Jersey _____ Shorts _____ BASEBALL: Jersey _____ Cap _____

G.SOCCER: Jersey _____ Shorts _____ B. SOCCER: Jersey _____ Shorts _____

CLUB SPORT PARTICIPATION DISCLOSURE & AGREEMENT: STA does not want to discourage Club Sport Athletes from playing STA Athletics. However, there is an expected level of commitment to the school team in fairness to the full time committed players. Efforts will be made to help club athletes balance both – however - those efforts must also come for the athletes as well.

I play the following Club Sport(s): _____

The following are the anticipated days and times committed to my Club Sport(s):

MON./ Times: _____ TUES./ Times: _____ WED./ Times: _____

THURS/ Times: _____ FRI./Times: _____ SAT./ Times: _____

I will do my best to negotiate/ balance my club team situation and maximize my commitment as much as possible to my STA team. I realize that play time on my STA team may be affected by missing excessive practice time due to my club sport commitment.

(Student Athlete Signature)

(Parent Signature)

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C.Y.A.A. PARTICIPATION SIGN-OFF FORM

I have read the philosophy, policies, roles, rules and regulations, and all other material contained in Athlete Registration Packet and the sport-specific information found on our Programs page of the www.staathletics.org website. I agree to abide by these and all policies approved by the Diocese of Phoenix and the C.Y.A.A.



Parent

Date

Student Athlete

Date