

Sports Permission Slip

Dear Parents:

Your child has indicated he/she wants to participate in the After-School Sports Program. School policies regarding athletic team policies are listed below.

1. Students are expected to attend all practices and games unless a written excuse has been given to the coach.
2. Students may not leave the school grounds between dismissal time and the beginning of practice.
3. Students are expected to demonstrate appropriate behavior and language at all times. While at practice students are expected to participate in practice activities by following the coach's guidelines and rules. Students who do not demonstrate appropriate behavior, good sportsmanship, and participation will be dismissed and signed into Extended Care Program. Parents will be contacted.
4. Transportation will be by private car and is the responsibility of each parent. The coach **may not** drive players. (Diocesan Policy)
5. Students who are not picked up within 15 minutes of practice dismissal time will be signed into Extended Care.
6. Students must carry 25 cents daily for emergency phone use. (Rides need to be arranged in advance.)
7. Students wear PE uniform to practice and may not wear anything else. Only team uniforms may be worn to games. Hats, bandannas, shorts under shorts, and shirts which are not part of the uniform may not be worn.

To help ensure the safety of athletes, participants of all After- School Sports (including the Cheer Squad) must submit a medical authorization to play. Participants must have a physical examination by a physician that states what sports they are approved to play and any limitations to participation. It is recommended that athletes get approved for all sports at their first physical to save them a second appointment if they decide to play another sport later in the year.

The medical authorization, permission slip, and the \$75.00 Varsity and Junior Varsity, or \$65.00 Pee-Wee (K-4th) sport fee must be turned in before the student may practice. We are looking forward to an exciting season of athletic competition. Please let the coaches or I know if you have any questions. Students will receive a \$5.00 discount on each sport they participate in if they are participating in more than one sport. The \$5.00 will be subtracted from each sports fee they pay after their initial sport. Head coaches will not be charged for their child.

Sincerely,

David Blair,
Athletic Director

Sylvia Benning
Principal

ST. CHARLES CATHOLIC SCHOOL
PERMISSION SLIP/MEDICAL RELEASE
FOR
AFTER-SCHOOL SPORTS

Student Name _____ Grade _____
Date of Birth _____

Participation on a school team is a privilege, not a right. Your son/daughter is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees and/or parent volunteers of St. Charles Catholic School. A brief description of the activity follows:

After -school Sport: _____
Curriculum Goal: _____
Destination: **See team schedule when received from league**
Designated Supervisor of Activity: **PE Teacher or Parent Volunteer**
Date and Time of Departure: **Practice days and times will be announced**
Date and Anticipated Time of Return: **Games, see league schedule**
Method of Transportation: **Parents are responsible for all transportation**
Student Cost: **See accompanying letter**

If you are requesting that your child participate in this sport, please complete, sign and return the following request for participation. As a parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named students.

We hereby release and hold harmless St. Charles Catholic School and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this activity.

I request that my child named above be allowed to participate in the sport described above. I understand that this sport will take place away from the school grounds and that my child will be under the supervision of the designated school employee or parent volunteer on the dates listed above for this sport, including the method of transportation.

Parent Signature

Date

Address

Emergency Phone Number

Please return this form by: _____

(Over) →

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

NAME: _____

RELATIONSHIP: _____

PHONE: (____) _____

FAMILY DOCTOR: _____ PHONE: _____

I also authorize the designated supervisor to administer first aid with the understanding that **St. Charles Catholic School** had documentation that the designated supervisor has basic first aid training.

Signature

Date

Address

Emergency Phone Number

Shirt size to be ordered (circle appropriate size)

Adult Large

Youth Large

Adult Medium

Youth Medium

Adult Small

Youth Small

ST. CHARLES CATHOLIC SCHOOL

SPORTS PARTICIPATION SCREENING RISK ASSESSMENT

STUDENT INFORMATION

Name: _____ Birth date: _____
 Address: _____
 Home Phone: _____ Grade: _____

MEDICAL HISTORY

1. Have you ever been hospitalized? Yes No Reason? _____
2. Have you ever had surgery? Yes No Reason? _____
3. Have you ever sustained a concussion or been knocked out? YES NO
4. Have you been treated for any of the following (circle those which apply):
 Diabetes Hernia Heart Problems Seizures Asthma High Blood Pressure
5. Have you been injured any of the following (circle those which apply):
 Neck Shoulder Hip Back Elbow Knee Jaw Wrist/Hand Ankle/Foot
6. Have you ever experienced chest pain or dizziness during exercise? YES NO
7. Has anyone in your immediate family under the age of 50 died suddenly? YES NO

Height: _____ Weight: _____
 Blood Pressure: _____ Pulse: _____

Flexibility/Posture: Normal Abnormal
 Upper Extremities: _____ _____

RON Screens:
 Lower Extremities: _____ _____

Scoliosis: NO YES

Comments: _____

ORTHOPEDIC EXAMINATION

Upper Extremities

Normal Abnormal

Shoulder _____ _____
 Elbow _____ _____
 Wrist/Hand _____ _____
 Spine _____ _____

Lower Extremities

Normal Abnormal

Hip _____ _____
 Knee _____ _____
 Ankle _____ _____
 Foot _____ _____

Comments: _____

PHYSICAL EXAMINATION

Normal Abnormal

Head & Neck _____ _____
 Eyes _____ _____
 Ear/Nose & Throat _____ _____

Normal Abnormal

Cardiovascular _____ _____
 Gastrointestinal _____ _____
 Genito-Urinary _____ _____

Comments: _____

PHYSICAL DETERMINATION

In my opinion this student:

_____ Is cleared for sports participation
 _____ Is NOT cleared for sports participation
 _____ Deferred

Physician: _____ M.D.

Date of Physical: _____

Comments: _____

Note: Hospital, Clinic or Doctor's Stamp REQUIRED