

Saint Charles Catholic School
929 Eighteenth Street
San Diego, CA 92154
(619) 423-3701

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 uniforms to practice and may not wear anything else. Only team uniforms may be worn to games. Hats, bandanas, 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 all 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 \$65.00 Varsity, \$55.00 Junior Varsity, or \$50.00 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

Steve Stutz
Principal

SAINT 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:

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

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 his sport, including the method of transportation.

Parent Signature

Date

Address

Emergency Phone Number

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: _____

Home Phone: _____ **Cell 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.

Parent Signature

Date

Address

Emergency Phone Number

Physician's recommendation for Physical Education and/or Athletic Participation

Full activity _____ Modified activity _____

Clearance withheld until _____

No activity recommended _____

Student is cleared to participate in:

Flag Football _____ Softball _____ Basketball _____ Volleyball _____

Cheerleading _____ Soccer _____ Other _____

All of the above sports _____

Examining Physician's Signature

Date