

MOST HOLY REDEEMER INTER-PAROCHIAL SCHOOL

2011 - 2012 ATHLETIC EVENTS CONSENT AND RELEASE

I/We, the parent(s) of

Print child's name

Grade

DO NOT give my/our child permission to “tryout or participate” in any extra curricular athletic events for the 2011 - 2012 school year.

Mother/Guardian Signature

Father/Guardian Signature

Date

NOTE: If the child lives with BOTH parents, then BOTH parents/guardians are REQUIRED to sign the form.

REQUEST Most Holy Redeemer Inter-Parochial School to **ALLOW** my/our child to “tryout and participate” in all extra curricular athletic events offered for their gender for the 2011 - 2012 school year.

✓ I/We understand that the school will attempt to provide reasonable care and supervision for my/our child’s well being during practices for the athletic event and the event itself. However, I/we also understand that there are certain risks inherent with athletic events. I/We assume all risks inherent with these events and consent to my/our child being allowed to participate. I/We release, covenant not to sue, and save harmless Most Holy Redeemer Inter-Parochial 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 events from any and all claims and for any and all harm arising to my/our child as a result of participation in these athletic events.

✓ I/We understand each team member will be required to purchase/rent his/her own athletic uniform and shoes and that PE clothes are to be worn during practice for the athletic events.

✓ I/We understand that the extra curricular athletic program is a learning experience for the children. Even though my/our child may be given the opportunity to be a team member, I/we understand that he/she **MAY NOT** have the opportunity to participate in every game.

✓ I/We understand I/we am/are responsible for arranging transportation or transporting my/our child to and from the athletic events. Most Holy Redeemer Inter-Parochial School will, in **NO** way, participate in arranging or executing transportation for athletic events.

✓ I/We request a **MOST HOLY REDEEMER INTER-PAROCHIAL SCHOOL** representative to obtain medical treatment for my/our child in the unlikely event of injury or illness during the athletic events and I/We agree to pay any expenses incurred for such treatment

Mother/Guardian Signature

Father/Guardian Signature

Date

NOTE: If the child lives with BOTH parents, then BOTH parents/guardians are REQUIRED to sign the form.

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Mother/Guardian Cell Phone

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Father/Guardian Cell Phone

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Mother/Guardian Work Phone

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Father/Guardian Work Phone

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Home Phone

Health Ins. Co.: _____ Policy #: _____

Physician: _____ Hospital Preference: _____

(if nearby)

NOTE: If a change occurs in any of the above information, it is the responsibility of the parent/guardian to notify the office.

MEDICAL EXAMINATIONS

Every member of an athletic team is **REQUIRED** to submit an **ANNUAL** Examining Physician’s Certificate to tryout, practice, and play in the event. The Sports Physical Examination is ***required annually in addition to the school physical examination***. The Athletic Events Consent and Release, Health Screening and Physician’s Certificate, Physical History, and the Statement of Compliance forms are considered current for **ONLY** one year from the date the examining physician signs the certificate and **MUST** be on file before the child **tries out and participates in practice sessions and the events.**

2011 - 2012 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 to 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: _____

PARENTS / GUARDIANS

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. That is the coach's task.

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

I/We understand that I/We am/are 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."

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

2011 - 2012 STUDENT SPORTS PHYSICAL HISTORY FORM

(to be completed by the parent/guardian)

Student Name: _____ DOB: _____

Grade: _____

Print Physician Name: _____

FILL IN DETAILS OF "YES" ANSWERS IN THE SPACE BELOW

	<u>YES</u>	<u>NO</u>
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 had heat cramps?		
18. Does the above student use special pads or braces?		
19. 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		
20. Has the above student ever had:		
Mononucleosis _____ Diabetes _____		
Hepatitis _____ Headaches _____		
Asthma _____ Eye Injuries _____		
Tuberculosis _____ Stomach Ulcer _____		
21. When was the above student's last tetanus shot? (provide date) _____		

Explain "YES" answers here:

2011 - 2012 PARTICIPATION HEALTH SCREENING

Required annually in addition to school physical

Student Name: _____ Grade: _____

Home Address: _____

Home Telephone Number: _____ DOB: _____

MEDICAL CONCERNS and/or RESTRICTIONS:

CURRENT MEDICATIONS:

I understand a sports health screening is necessary for my child's participation in **Most Holy Redeemer Inter-Parochial 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 **Most Holy Redeemer Inter-Parochial 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 MOTHER / GUARDIAN: _____

SIGNATURE OF FATHER / GUARDIAN: _____

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 athletic sports events.

Any Restrictions? _____

Physician Signature

Date

PRINTED NAME / ADDRESS / TELEPHONE NUMBER OF PHYSICIAN

