



STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

| | | |
|---------------------------------|-------------|-------------|
| PARTICIPANT'S NAME: | | |
| ADDRESS: | | |
| CITY: | ZIP: | PHONE: |
| PARENT/LEGAL GUARDIAN: | | |
| ADDRESS: | | |
| EMPLOYER: | | |
| HOME PHONE: | CELL PHONE: | WORK PHONE: |
| OTHER EMERGENCY CONTACT PERSON: | | PHONE: |

MEDICAL INFORMATION

| | |
|-------------------------|--------|
| FAMILY PHYSICIAN: | PHONE: |
| GROUP/ADDRESS: | |
| HOSPITAL OF PREFERENCE: | |

INSURANCE INFORMATION

| | |
|----------------------------------|---------------|
| SUBSCRIBER: | GROUP NUMBER: |
| POLICY NUMBER: | COMPANY: |
| PRE-EXISTING MEDICAL CONDITIONS: | |

I authorize the coaching staff to provide emergency medical treatment of any injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgment may be deemed necessary in the care of (child's name) _____

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| PARENT/LEGAL GUARDIAN: | DATE: |
|------------------------|-------|

My electronic signature on this form indicates my intent to adopt the content of this form and communicate such information and consent electronically to my parish/school.

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| PARENT/LEGAL GUARDIAN: | DATE: |
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Form
6145.2(b)

**PARENTS AND/OR LEGAL GUARDIANS
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM**

| | | |
|--------------------------|-------------|-------------|
| PARTICIPANT: | | BIRTH DATE: |
| ADDRESS: | | |
| PARENT/GUARDIAN: | | |
| HOME PHONE: | WORK PHONE: | CELL PHONE: |
| PARENT/GUARDIAN ADDRESS: | | |
| PARENT/GUARDIAN: | | |
| HOME PHONE: | WORK PHONE: | CELL PHONE: |
| PARENT/GUARDIAN ADDRESS: | | |

My/our child wishes to participate in the sport(s) of (list all)

_____ during the _____ school year.

I/We will realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational and to generally enjoy life. I/We have been informed about the various risks associated our child's participation in the above listed sports and the potential injuries that may occur.

I/We will assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

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| PARENT/LEGAL GUARDIAN SIGNATURE: | DATE: |
| PARENT/LEGAL GUARDIAN SIGNATURE: | DATE: |

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Form
6145.2(c)

PHYSICAL EXAMINATION FORM - ATHLETIC PARTICIPATION

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

STUDENT INFORMATION

| | | | | |
|-----------------|------|-----------------|---------|---------|
| STUDENT'S NAME: | | | | |
| ADDRESS: | | CITY: | STATE: | ZIP: |
| DATE OF BIRTH: | | PLACE OF BIRTH: | | |
| AGE: | SEX: | GRADE: | HEIGHT: | WEIGHT: |
| SCHOOL: | | | CITY: | |

PHYSICIAN'S RECOMMENDATIONS AND EXAMINATION

The above named student has been examined and there are no apparent restrictions to participation in interscholastic athletic activities except as follows:

| | | | |
|--|--|----------------------|----------------|
| <input type="checkbox"/> CLEARED WITHOUT RESTRICTION | | | |
| <input type="checkbox"/> CLEARED, WITH THE FOLLOWING QUALIFICATIONS: | | | |
| <input type="checkbox"/> NOT CLEARED <input type="checkbox"/> PENDING FURTHER EVALUATION <input type="checkbox"/> FOR ALL SPORTS <input type="checkbox"/> FOR CERTAIN SPORTS | | | |
| REASON: | | | |
| RECOMMENDATIONS: | | | |
| NAME OF PHYSICIAN (PRINT OR TYPE): | | | |
| SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP: | | | |
| ADDRESS/CLINIC: | | CITY: | STATE: ZIP: |
| TELEPHONE: | | DATE OF EXAMINATION: | |



Form
6145.2(m)

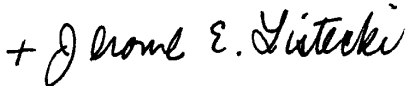
**PARENT/GUARDIAN
SPORTSMANSHIP PLEDGE**

Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a parent/guardian of an Archdiocese of Milwaukee student-athlete, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for players, coaches and spectators.
- Provide encouragement and support for players and coaches.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my son/daughter.
- Take responsibility for my actions.

I understand that I may not be able to attend activities if I do not display good sportsmanship.

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| PARENT(S) /GUARDIAN(S): | ARCHBISHOP JEROME E. LISTECKI:  |
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**STUDENT-ATHLETE
SPORTSMANSHIP PLEDGE**

Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

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| STUDENT-ATHLETE: | PARENT(S) /GUARDIAN(S): |
| COACH: | ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. ListECKi</i> |

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Form
6145.2 (j)

PARENT AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed annually prior to participation in any sport.*

Parent Agreement:

I, _____ have **read** the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

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| PARENT/GUARDIAN SIGNATURE: | DATE: |
|----------------------------|-------|

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Athlete Agreement:

I, _____ have **read** the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

| | |
|--------------------|-------|
| ATHLETE SIGNATURE: | DATE: |
|--------------------|-------|

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ST. JOSEPH CATHOLIC SCHOOL & PARISH

TO: Parent/Guardian & Student Athletes

Parent/Guardian and student athletes are asked to read and sign the code of conduct attached. Everyone will be held accountable for following the code at all times. This is to be signed and returned to your coach before the first practice.

Parent/Guardian Signature

Date

Student Signature

Date

St. Joseph Sports & Athletic Code

The St. Joseph Athletic Ministry offers programs for boys and girls basketball, volleyball and track to students in 5th through 8th grade. The ability to participate in sports is a privilege, not a right. One of the most important goals of the day school, Christian formation program and the athletic program is to help students learn to demonstrate Christian values and good sportsmanship. These requirements are outlined in this Athletic Code will help our student athletes meet those goals.

The St. Joseph Athletic Ministry has established behavior, academic, and participation requirements of which members of all sports teams will have to meet. The Athletic Ministry Board, with assistance from the coaches, teachers, Christian formation coordinators and principal, will administer these rules.

- Appropriate behavior is expected at all times; anything less will not be tolerated. Any serious behavior problems that require a parent/guardian conference with the principal for day school students, Youth Minister for Christian formation participants, or coach for team activities may result in a suspension from practice(s) and/or game(s) for one week beginning the day of suspension. The parent/guardian of Christian Formation Participants is expected to contact the Athletic Ministry with any serious behavior problems outside of St. Joseph Parish. The second violation may result in dismissal from the team or squad. No refunds will be given for behavior related dismissals.
- Academically, students are expected to maintain a 2.0 grade point average or have the recommendation from the teacher(s) and principal that the student's homework and effort in class is acceptable. Students participating in sports must complete homework on time and to the best of their ability. If required work is not completed and turned in, the student will not be eligible to participate in practice or games that week. Any student/student athlete who has earned a detention for either academic or disciplinary infractions will receive a one game suspension. This is the responsibility of the parent/guardian to contact the Athletic Ministry
- It is the student's responsibility to contact their coach if they are unable to attend a practice or game. If a student misses three practices, games or any combination of three practices or games without a legitimate excuse the student will be suspended for one game. The third violation will result in dismissal from the team or squad. No refunds will be given for dismissals related to attendance.
- Any damage to equipment or property resulting from anything other than routine practice or game play will be the sole responsibility of the student(s) involved.

We have read and agree to abide by the St. Joseph Sports & Athletic Code.

Student

Parent or Guardian