

SMB SPORTS PACKET

Student Name _____ Grade _____

The 5 forms listed below need to be turned in, **together**, the first time your child plays a sport at SMB this school year. For each additional sport, played during the same school year, you will turn in only the first 2 forms at the beginning of each season. The \$80 registration fee will be drawn from FACTS once the permission form has been turned in. Students will not be allowed to practice until all paperwork has been received.

_____ SMB Athletic Permission Form
(One per sport season, to be turned in when the season begins)

_____ Athletic and Emergency Information Form
(One per sport season, to be turned in when the season begins)

_____ Physical Exam Form (to be completed by a health care professional)
_____ Medical Eligibility Form (to be completed by a health care professional)

_____ Transportation of Minor Person To/From School Campus
(Must be Notorized)

_____ CYAA Sports Driver Information Form

The \$80 Registration fee includes the uniform, which must be returned at the end of the season to avoid the \$40 replacement fee.

Parent Contact:

E-mail _____ Phone _____

Turn paperwork into the school office when the above items are completed.

St. Mary-Basha Catholic School

Athletic Permission Form

I, the parent/guardian of _____ request that St. Mary-Basha Catholic School allow my child to participate in the after school sports program, marked below, during the school year. I agree to pay the \$80 registration fee for each sport as well as provide a student athletic physical and transportation agreement for the current school year before my child may begin practice. The registration fee is non-refundable to those who drop out of the program, those who are suspended or those who are academically ineligible due to grades or conduct. I understand that I am responsible to provide or find transportation for my child to and from games and practices. Athletes are responsible for maintaining uniforms and returning them in the condition they were given. If lost or damaged, the athlete will be charged a \$40 replacement fee. I understand that student medications kept in the school nurse's office are NOT accessible after school and it is the responsibility of the parent/guardian to supply any medication that may be required by a student during any after school activity.

I understand that it is my responsibility to pick up or make arrangements for my child after practices and games. I release and hold harmless St. Mary-Basha Catholic School or any and all of its employees and volunteers from any and all liability during the season. I understand that my child must maintain a passing grade throughout the season. I am aware of the progress report dates and in the event of a failing grade my student will be suspended from the team until the following "passing" progress report. Two consecutive failing progress reports will result in permanent suspension from the team. I also understand that disciplinary action may also be taken as deemed necessary by school administration.

As the parent and/or legal guardian I understand that I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself and my child named herein to hold harmless and release St. Mary-Basha Catholic School, its employees, the Diocese of Phoenix, coaches, chaperones or representatives associated with the event from any illness, injury, cost of medical treatment and any harm arising as a result of my child participating in the after school sport program.

Student Name _____ Homeroom _____

The registration fee will be drawn from your FACTS account once this form is turned in.

BOYS: Football _____ Basketball _____ Baseball _____
 FALL WINTER SPRING

GIRLS: Volleyball _____ Softball _____ Basketball _____
 FALL WINTER SPRING

In the event there is no coach or enough players for a sport/grade SMB will be unable to have a team and the registration fee will not be drawn from FACTS.

Parent/Guardian Signature _____ Date _____

Athletic Information

This information will be shared with your child's coach

Student Name _____ Grade _____

Parent e-mail _____

Second e-mail _____

I am interested in volunteering in the following ways:

_____ Head Coach _____ Asst. Coach _____ Field Marking (Baseball, Softball & Football)

_____ Team Parent _____ Scorekeeping

NAME _____ ph# _____

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EMERGENCY Information

Parent/Guardian _____ ph# _____

Parent/Guardian _____ ph# _____

Alternate emergency contact (in case parent/guardian cannot be reached):

Name _____ ph# _____

Relationship _____

Insurance/Health Information:

Medication(s) athlete takes regularly: _____

Family Physician _____

Insurance Carrier _____

Policy # _____

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION | | |
|---|---------|--|
| Height: | Weight: | |
| BP: / (/) | Pulse: | Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing | | |
| Lymph nodes | | |
| Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis | | |
| Neurological | | |
| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
| Neck | | |
| Back | | |
| Shoulder and arm | | |
| Elbow and forearm | | |
| Wrist, hand, and fingers | | |
| Hip and thigh | | |
| Knee | | |
| Leg and ankle | | |
| Foot and toes | | |
| Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation
 Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Roman Catholic Diocese of Phoenix
St. Mary-Basha Catholic Elementary School
TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations where no other responsible adults are present..." are to be avoided. The directive of this provision requires that another adult should accompany Diocesan personnel who transport minors to and from field trips and outings. Because of the limited number of participants in the St. Mary-Basha Catholic School Athletic Program and the time of day in which games/practices will occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from the programs. The Diocese permits exceptions to this policy only upon a showing by the school that:

- 1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and
- 2) a parent or guardian of any student participating in such program has consented in writing, with notarization, in order to allow such student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the parent/guardian of the minor person must consent in writing.

CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.

I, _____ (name of parent/guardian), parent/guardian of _____ (name of minor student) give permission for the transportation of my child to field trips, outings and athletic practices/games offered by St. Mary-Basha Catholic School during the _____ school year by selecting one of the two options described below. Regardless of the option I choose, I agree that I will solely be responsible to determine if the driver of the vehicle transporting my child is legally able to drive and that the vehicle transporting my child has adequate auto insurance coverage.

PLEASE SELECT ONLY ONE OPTION (Form must be notarized):

(1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.** I hereby consent for my child (named above) to travel to and from all practices/games in a vehicle occupied by a single adult person at any time during the school year. I further acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school.

(2) **ASSUMPTION OF TRANSPORTATION RESPONSIBILITY.** I will solely provide transportation for my child to all activities away from the school campus.

(Signature of parent/guardian)

(Print name of parent/guardian)

(Date)

State of Arizona

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____



THE ROMAN CATHOLIC DIOCESE OF PHOENIX

Driver Information Sheet

Please complete one sheet for each driver and one sheet for each private vehicle used

Driver Information:

Name: _____

Date of Birth: _____

Address: _____

Phone #: _____

Drivers License #: _____

Date of Expiration: _____

Private Vehicle Information (private vehicles used for church/institution purposes):

Name of Owner: _____

Model of Vehicle: _____

Address of Owner: _____

Make of Vehicle: _____

Year of Vehicle: _____

License Plate # _____

Date of Expiration: _____

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 limits for privately owned vehicles is \$100,000/\$300,000*

Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that I must be 21 years of age or older to drive on behalf of parishes, schools or other insured entities. I must be 25 years of age or older to transport minors. I must 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.

I also certify that I have completed the "Be Smart – Drive Safe" defensive driving course located on our Catholic Mutual risk management website: Phoenix.CMGConnect.org.

Signature

Date