

Santa Margarita Catholic High School Girl's Soccer

Welcome Eagles!

This booklet contains all of the information and approval forms that must be completed, signed, and returned by the parents of all players before the player will receive their uniform and be allowed to participate in the SMCHS Girls Soccer Program. It is very important that each parent thoroughly read and review all attached forms.

By signing the approval forms, you are indicating that you 1) understand the risks that may be associated with your daughter's participation in the SMCHS Soccer Program and that you agree to accept those risks, 2) understand the rules applicable to your daughter's participation in the SMCHS Soccer Program, and that you and your daughter agree to abide by those rules, and 3) have received your daughter's SMCHS issued soccer equipment and agree to be responsible for its care and return at the end of the soccer season.

The team fee for this season is \$1,300 for all levels. Payments will be made through FACTS. You will be notified via email. Parents will be invoiced on 10/29/21 and payments withdrawn on 11/1/21 unless arrangements with the business office have been made. Fees are due paid in full by 1/1/22.

Please make your checks payable to SM Girls Soccer if you are donating to the program. In addition, all attached player forms must be printed, completed, and returned before or at the Player/Parent meeting. Once payment is made and forms are complete, each player will receive their bag and uniform.

If you have any questions regarding any of the forms in this booklet, be sure to have them answered to your satisfaction before signing.

Thank you,

Coach Eddie Huerta

Santa Margarita Catholic High School Girl's Soccer

SANTA MARGARITA CATHOLIC HIGH SCHOOL
DIOCESE OF ORANGE
Sports and Youth Activity - Permission Form & Release

Description of Youth Activity: Participation in girls soccer including, but not limited to, soccer games, practice, transportation, conditioning, and any team tournaments.

Student Name: _____ Grade: _____ Birth Date: _____

Parent/Guardian Name: _____

Phone (Home): _____ (Work): _____

Address: _____

Person (other than parent) to notify in case of emergency: _____

Phone: _____

I, the parent/guardian of the above named student, hereby give my permission for his/her participation in the sports and youth activity, including transportation to and from this activity. I agree to direct my child to cooperate and conform with directions of the school. I agree that in the event my child is injured as a result of his/her participation in the activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse, and I agree to hold the Diocese of Orange, its related entities, employees, agents and volunteers, free and harmless from all liability or claims which may arise out of participation in this sports or other activity. I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity. I understand that participation in the sports and activities are completely voluntary and not required for class credit.

I understand that injuries may result from participating in the sports and other activities which injuries may include without limitation; sprains, fractured bones, cuts and abrasions, loss of consciousness, head, neck or back injury or paralysis.

I hereby give my permission to the physician or dentist selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist and consent to any medical or surgical or dental exam or diagnosis and hospital care and treatment rendered. I authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of any sports activity and my and my child's participation therein, and the publication or other use thereof, without compensation.

Parent/Guardian Signature: _____

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Date: _____

CIF

Southern Section

ATHLETES' CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social, and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

- Place academic achievement as the highest priority.
- Show respect for teammates, opponents, officials, and coaches.
- Respect the integrity and judgment of game officials.
- Exhibit fair play, sportsmanship, and proper conduct on and off the playing field.
- Maintain a high level of safety awareness.
- Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
- Adhere to the established rules and standards of the game to be played.
- Respect all equipment and use it safely and appropriately.
- Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids, or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
- Know and follow all state, section, and school athletic rules and regulations as they pertain to eligibility and sports participation.
- Win with character, lose with dignity.

Parent's Signature: _____ Date: _____

School: _____

Athlete's Signature: _____ Date: _____

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A copy of this form must be kept on file at the Athlete Director's office at the local High School on an annual basis.

WAIVER FOR STUDENT TO DRIVE TO GAMES

Student Name _____

I authorize the above named student to drive to and from any games that a bus is not provided by the school.

YES_____ NO_____

I further authorize her to ride to or from games with:

SMCHS Coaches: YES_____ NO_____

SMCHS Staff/Parents: YES_____ NO_____

SMCHS Sibling: YES_____ NO_____

Specific Others: Please List All Parties (cannot be another student):

I release Santa Margarita Catholic High School and the Diocese of Orange of all liability while my child travels to and from school events.

Parent/Guardian Signature:_____

Date:_____

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SOCCER UNIFORM PIECES AND ISSUED APPAREL

A portion of the fees collected by the SMCHS Girl's Soccer Program is used to purchase our soccer uniforms and apparel. Listed below is the check sheet detailing what is to be returned at the conclusion of the season.

Uniform Pieces

- Two Jerseys (Blue & White)
- Shorts (Blue)
- Goalie Jersey (for goalie only)

Issued Apparel

- Warm-up Jacket (Blue)
- Warm-up Pants (Black)
- Soccer Bag
- Team Parka (FS, JV & Varsity)

I will return all issued uniform pieces and apparel in the same condition as when received, except for normal wear and tear. I understand that I will be billed for and I agree to pay the amount charged for anything that is not returned and/or damaged:

Print Player Name: _____

Parent/Guardian Signature: _____

Date: _____

GUIDELINE APPROVAL

I have read, understand and agree to abide by the Santa Margarita Catholic High School Girl's Soccer Guidelines set forth in the handout of the Parent's Handbook.

I understand that there is no guarantee of play time for any Player at any Level.

Parent Signature _____ Date _____

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Player Signature _____ Date _____

Player Cell Phone Number (used for team notifications): _____

Player Name/Team: _____ (F/S, JV, or Varsity)

Parent Volunteer-Sign-Up Sheet

There are always many volunteer opportunities for each team. If you have an interest in helping out with any of the items listed below, please let us know.

Father Name: _____

E-mail: _____

Mother Name: _____

E-Mail: _____

Indicate your selection by filling in the space with an "F" for father, "M" for mother, or "B" for both.

- Team Photographer (may share with other parents) _____
- Team Videographer (video segments of selected games) _____
- Game Day Nutrition Volunteer _____
- Adopt-A-Family Host _____
- Team Pasta Party Host _____
- Secret Santa/Holiday Party Host _____
- Parent Driver for Events*(see below) _____

*Events may include Pasta Dinner, Friday Bonding, Adopt-A-Family, and Game Day if needed.

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SPONSORSHIPS

The soccer program is always in need of help to maintain its high level. Please consider sponsoring, fully or partially, one of the following events:

- Adopt a Family \$ 75
- Awards Banquet-Centerpieces \$ 50
- Awards Banquet-Decorations \$ 25

If you would be willing to support any of the below listed SPONSORSHIP categories, in full or in part, please complete the form and submit it to Lauren Ramirez.

Sponsorships (Full or Partial)

Name: _____

Daughter's Name: _____

Address: _____

Sponsorship Selected: _____

Sponsorship Amount: _____

Thank You for your generosity!

Santa Margarita Catholic High School

Girl's Soccer

Santa Margarita Catholic High School Girls Soccer Player/Parent Orientation

Welcome to SMCHS,

This is a special place for your daughters to matriculate and grow into fine young ladies. Our school and program is Christ centered and Caritas Christi is the compass that guides us. Be assured myself and the coaching staff will treat your daughters with respect and dignity in every capacity.

The High School experience is short and the soccer season is even shorter. Stay positive with each other and your daughter. There are many life lessons that come from playing sports so enjoy this small moment in your daughters life.

The coaching staff and myself would like to convey some clear guidelines and expectations listed below.

*Coaching staff will never discuss soccer strategy or playing time with parents.

*Encourage your daughter to personally speak to the coaches when there is confusion regarding but not limited to:

Understanding and Executing Tactical expectations.

Roles within the Formation that is being utilized in a given match.

Personal struggles such as injuries, illness and necessary treatments.

[Players are to initiate these conversations, Rather than parents.](#)

*Understand that the coaching staff has a method of creating success for the program and it's athletes. Parents should not interfere with this process. There will be successes and failures but we need to keep to our core convictions regarding SMCHS and the Girls Soccer Program.

*Parents must understand that only 11 players can be on the field at one time. There is an ongoing performance based competition in trainings and games that will determine the 11 players and subs participating on game day. This will always be at the coach's discretion. Playing time could differ from match to match and players are to honor their commitment to the program regardless of the amount of playing time they receive.

Finally

The coaching staff understands there will be moments in which you disagree with methods, strategy, subbing and even the ref during a match. Be assured we will conduct ourselves in a manner that represents SMCHS and program in the highest regard. Parents on the sideline are expected to as well.