



ST. ANNE SCHOOL
A T H L E T I C S

CLEARANCE PACKET

Athlete First and Last Name:

For any questions, please contact:

Tyler Hartigan

Athletics Director

thartigan@st-anne.org | 949-276-6745

All athletes must complete an updated 2025-2026 Athletic Clearance Packet and upload it to the Magnus Health portal prior to participating in any St. Anne School Athletic Activities.



ST. ANNE SCHOOL ATHLETICS

Dear St. Anne School Families,

My name is Tyler Hartigan, the Athletic Director for St. Anne. I am excited to work alongside you and your athlete to make this year both successful and enjoyable.

Before we begin an exciting athletics season, I want to bring to your attention an essential requirement: "The Athletic Clearance Packet." This packet contains several forms that must be completed and signed to ensure athlete eligibility in St. Anne Athletics. The following documents are included:

1. Updated Physical Examination Form (needs to be signed by a Physician)
2. Concussion Information Form
3. Athletic Liability Waiver (also attach insurance card)
4. Athlete and Parent Code of Conduct
5. Athletic Department Guidelines
6. Commitment Form

Each of these forms plays a crucial role in providing a safe and organized environment for our athletes. Safety is our number one priority, and these measures help us maintain high standards of care and conduct throughout the athletic program.

Please review each document carefully, fill them out completely, and upload it to the Magnus Health portal at your earliest convenience.

If you have any questions or need clarification on the "The Athletic Clearance Packet," please do not hesitate to reach out to me directly.

Thank you in advance for your cooperation. I look forward to meeting and working with you as we cheer on our teams this year.

Go Knights!

Tyler Hartigan
Athletics Director

thartigan@st-anne.org | 949-276-6745



ST. ANNE SCHOOL
STUDENT ATHLETE PHYSICAL EXAMINATION

Please print or type

Name: _____ Phone: (____) _____

Address: _____

Grade: _____ Birthdate: ____/____/____ Age: ____ Sex: ____ M ____ F

Parts A and B shall be completed by PARENT/GUARDIAN (NOT CHILD)

Part A: General History – check the appropriate box for each number

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	11. High or low blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	2. Seizures	<input type="checkbox"/>	<input type="checkbox"/>	12. Hernia
<input type="checkbox"/>	<input type="checkbox"/>	3. Dizziness, fainting	<input type="checkbox"/>	<input type="checkbox"/>	13. Sudden cardiac arrest of family member
<input type="checkbox"/>	<input type="checkbox"/>	4. Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>	14. Absence of, or undescended testicle
<input type="checkbox"/>	<input type="checkbox"/>	5. Asthma, Allergies	<input type="checkbox"/>	<input type="checkbox"/>	15. Absence of any organ
<input type="checkbox"/>	<input type="checkbox"/>	6. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	16. Menstrual disorder
<input type="checkbox"/>	<input type="checkbox"/>	7. Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	17. Under physician care at present
<input type="checkbox"/>	<input type="checkbox"/>	8. Taking medication (type, reason, dosage)	<input type="checkbox"/>	<input type="checkbox"/>	18. Loss of consciousness or concussion
<input type="checkbox"/>	<input type="checkbox"/>	9. Any allergic reactions	<input type="checkbox"/>	<input type="checkbox"/>	19. Any health changes in the past year?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	20. Date of last tetanus shot: _____

Details of any YES answers _____

Part B: Orthopedic History: If the student has had, or now has, an injury to any of the following areas, give details

1. Shoulder, arm, elbow, wrist, hand, fingers, or thumb (type/when) _____
2. Hip, knee, leg, calf, ankle, foot, or toes (type/when) _____
3. Head, neck or spine (type/when) _____

Family Doctor: _____ Phone (____) _____

Parts C, D, and E to be completed by examining physician

Part C: Pre-Physical

Height _____ Weight _____ Blood Pressure _____ Vision: Right _____ Left _____
DENTAL: Braces _____ Broken or missing teeth _____ Plates _____ GLASSES: Yes _____ No _____ CONTACTS: Yes _____ No _____

Part D: General Physical

Heart _____ Lungs _____ Abdomen _____ Pupils _____ ENT _____

Part E: Orthopedic Evaluation

Spine _____ Hips/Pelvis _____ Knees _____ Ankle/Feet _____ Shoulders/Elbows _____ Wrist/Hands _____

- ☐ Approved for athletic participation
- ☐ Disapproved for athletic participation, state reason _____
- ☐ Approved for athletic participation, refer to specialist for _____
- ☐ Disapproved for athletic participation, refer to specialist for _____

Signature of physician _____ Telephone number of physician _____ Date _____

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

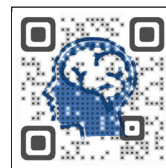
What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____



ST. ANNE SCHOOL

ATHLETIC/ACTIVITY WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Student's/Athlete's Last Name	First	Middle Initial	Date of Birth	Grade	Home Phone
Address					
Father (Guardian) Cell Phone	Father (Guardian) Work Phone		Mother (Guardian) Work Phone		Mother (Guardian) Cell Phone
Emergency Contact #1	Phone	Cell Phone		Relationship to Student	
Emergency Contact #2	Phone	Cell Phone		Relationship to Student	

PARENT'S OR GUARDIAN'S CONSENT: Participation in St. Anne School's (the "School") activity program is voluntary. My child and I agree to abide by the School's Code of Conduct. I give my full, informed, and voluntary consent for the above-named student/athlete ("Student") to compete in a School sport or related activity which include, but are not limited to: flag football, volleyball, basketball, soccer, and track and field (collectively, "Activities").

ACKNOWLEDGEMENT OF RISKS: I agree and understand that there is an inherent risk of serious injury, worsening of an existing medical condition, or death from participation in the Activities. I agree and understand that risks associated with the Activities include, but are not limited to: injuries from running, jumping or sliding, including on a dirt, sand, gravel, grass, or artificial turf field; falls, including from significant heights; contact with walls and equipment; injuries from jumping, other movements, bad or other decision-making, inattention, and/or other actions of students, School, and/or volunteers or others; misuse or failure of equipment; and risks of multiple different types of personal injuries, accidents and/or illnesses, including but not limited to sprains, torn muscles, tendons, and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions and/or contusions, dehydration, oxygen shortage, head, neck, and/or spine injuries, allergic reaction, shock, paralysis, or death. Student may suffer trauma to joints or internal organs, as well as concussions and other brain and neurological injuries. I understand and acknowledge that the risks listed in this Agreement describe some but not all of the risks associated with the Activities and the description of these risks is not complete, and unknown or unanticipated risks in the Activities may result in injury, illness, or death. I also understand the emotional risks connected to any physical injury that may result include, but are not limited to: stress, tension, anxiety, depression, and other emotional and psychological injuries.

ASSUMPTION OF RISKS: I understand and acknowledge that certain risks are inherent in Student's participation in the Activities that cannot be eliminated regardless of care taken to avoid injury, accidents, or illness, as outlined in the preceding paragraph. I assume the liability and responsibility for any such risks associated with Student's attendance and participation in the Activities.

STUDENT RESPONSIBILITY: Students are responsible for minimizing risk through responsible behavior. This includes adherence to School, team, and activity rules and directions from coaches, instructors, volunteers, faculty, and staff. Failure to do so will significantly increase risk of injury. Student understands and agrees that because of the dangers of participating in the Activities, it is important to follow instructions of coaches, instructors, volunteers, faculty, and staff. Even if Student follows all working directions, instructions, and rules, and exercises utmost personal care, there will remain a certain irreducible inherent risk to the Activities, and I will accept that risk.

EMERGENCY TREATMENT CONSENT:

I consent to School's administering or consenting to the administration of such emergency medical care to the Student as such person deems appropriate in the circumstances, and hereby authorize medical treatment in case of emergency.

It is understood that reasonable effort shall be made to contact the undersigned parent(s) or legal guardian(s) prior to rendering medical treatment to Student, but that treatment will not be withheld if the undersigned cannot be reached.

CLASSROOM DISMISSAL CONSENT: The Student may miss instructional time on the day of an event. On a day when school is in session, a student must be in attendance a minimum of half (1/2) day, in order to participate in a game.

****Parents to arrange transportation home from the game.****

PHYSICAL FITNESS CERTIFICATION: I hereby certify that Student was given a general physical examination and based on that examination had no illness or impairments that would prevent him or her from engaging in the Activities.

TRANSPORTATION: I understand that I am responsible for transportation of my child to and from all athletic events/practices. I acknowledge that the School has no responsibility or liability for transportation of my child to and from events/practices.

SPECIAL MEDICAL INSTRUCTIONS/CONDITIONS/ALLERGIES: (example: inhalers/EpiPen®) _____

Please note: Parents are responsible for providing inhalers and EpiPens for off-site events.

**** Students are not permitted to carry medication.****

INSURANCE CERTIFICATION: I agree that the cost of any emergency or other medical care or related services provided to or obtained by Student in connection with his or her participation in the Activities is not School's and/or volunteers' responsibility, but is solely the responsibility of Student and Student's parent(s)/legal guardians to pay either through insurance and/or direct payment to the medical and emergency service providers. I certify that Student is covered by health/accident insurance that provides protection for accidental bodily injury as required by the School for participation in the Activities during the _____ school year. Student is covered for the School's activity program under our family health/medical plan.

Please provide a copy (front and back) of your child's health card or other proof of insurance.

Name of Insurance Company	Policy Holder	Policy Number
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WAIVER: I voluntarily release, discharge, waive, and relinquish all claims against School, its trustees, employees, representatives, and volunteers ("Released Parties") from any and all liabilities arising out of ordinary negligence related to Student's participation in the Activities, including, but not limited to, claims for bodily injury, personal injury, emotional distress, property damage or wrongful death. It is the intent of this Agreement to relieve the Released Parties from liability to the fullest extent permitted by law.

INDEMNIFICATION: To the fullest extent provided by law, I agree to indemnify the Released Parties against, and agree to hold them harmless from, any and all liability, claims, demands, actions, and causes of action whatsoever arising out of Student's actions related to participation in the Activities.

INTEGRATION: This Agreement constitutes and contains the entire agreement and final understanding concerning Student's participation in the Activities. This Agreement supersedes and replaces all prior agreements, proposed or otherwise, written or oral, concerning the subject matter hereof. This is a fully integrated agreement.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this Waiver of Liability, Assumption of Risk and Indemnity Agreement fully and understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the Agreement freely and voluntarily, and intend by my signature for it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activities. I hereby assert that Student's participation is voluntary and that I knowingly assume all risks. I hereby give my full and informed consent, authorization, and permission for Student to participate in the Activities. I agree to notify the School in writing if Student cannot safely participate in the Activities.

Parent(s)/legal guardian(s) and Student affirm that they have been afforded the opportunity to read and seek clarification from the School regarding this Agreement.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND ACCEPTED ALL TERMS OUTLINED IN THIS AGREEMENT.

Signature of parent or guardian indicates agreement with ALL of the above items

Date

Signature of parent or guardian indicates agreement with ALL of the above items

Date

Student's Signature

Printed Name

Date



ST. ANNE SCHOOL

ATHLETICS

CODE OF CONDUCT FOR ATHLETES

1. I understand the *Code of Conduct*, and I will follow my coach's rules and the regulations of the game.
2. I will work as hard for my team as for myself. I will have fun, improve my skills, and won't show off.
3. I will cooperate with and respect my coaches, teammates, opponents, and referees. I will treat them like I would like to be treated.
4. I will emphasize good sportsmanship. I know that un-sportsmanship-like conduct towards the coaches, teammates, opposing team, and game referees will not be tolerated.
5. I will achieve an overall 2.0 GPA for the preceding semester to be eligible for any sport, and I will always exhibit appropriate behavior BOTH in and out of class.
6. As an "A" team player, I must participate in any post-season play, which may extend for up to two weeks after regular season play.
7. I understand that participating in a St. Anne sport team is a season-long commitment to my school, my team, and my coach. If I choose to quit or I am dismissed from the team for any reason, I will need to get approval from the St. Anne Athletic Director for any further participation on a St. Anne interscholastic sports team.

****Failure to adhere to the above Athletic Code of Conduct may result in a suspension or removal from practices, games, and/or the team for the remainder of the school year.***

Athlete's Name: _____

Athlete's Signature: _____

Date: _____

CODE OF CONDUCT FOR PARENTS

1. I will ensure that my student knows the expectations of being an athlete at St. Anne School.
2. I will help my students work towards skill improvement and sportsmanship.
3. I will not coach from the sideline, or the stands, or interfere with coaches during games or practices.
4. I will set a good example by only speaking positively about my student's team, teammates, and coaches.
5. I will never argue or complain about referees' decisions.
6. I understand I'm not allowed to be at team tryouts.
7. I have received, read, and agreed to abide by the *Code of Conduct* for parents.
8. I will support coaching decisions and will abide by our school's policies. If there are any concerns, suggestions, or complaints, I will contact the Athletic Director.
9. I recognize that due to the various skill levels, players may not receive equal playing time.

I will respect the PAL expectations for spectators

All spectators shall **NOT**:

- Be on the playing field or court during the game/competition. This includes timeouts, quarters, halftime, etc. If the team is located on the opposite side of the playing field, their fans should cheer from their side if possible.
- Use disparaging language; only positive comments or cheers to any participant within the athletic venue, including opposing teams, coaches, fans, and referees.
- Verbally or physically abuse or assault anyone.
- Appear in an intoxicated condition, or have possession of any alcoholic beverages, or illegal substances.

****Failure to adhere to the above Code of Conduct may result in suspension from viewing the practices, games, and/or forfeiture of games by the league. The student athlete's participation in St. Anne School sports may also be revoked.***

Parent Name: _____

Parent Signature: _____

Date: _____

Athletic Department Guidelines

I. PAL (Parochial Athletic League) Sports

Fall

- Girls A and B Volleyball (grades 5-8)
- Boys A and B Flag Football (grades 5-8)
- Co-ed Cross Country (grades 5-8)

Winter

- Girls A and B Basketball (grades 5-8)
- Boys A and B Basketball (grades 5-8)
- Boys A and B Lacrosse (grades 5-8)

Spring

- Boys A and B Volleyball (grades 5-8)
- Co-ed A and B Soccer (grades 5-8)
- Co-ed Track and Field (grades 1-8)

****A Team** includes grades 7 and 8, and **B Team** includes grades 5 and 6.*

II. Selection Process for Teams

- A. Students in Grades 7 and 8 are eligible to try out for A-level teams, while students in Grades 5 and 6 may try out for B-level teams. However, a 5th or 6th grader is eligible to be considered for placement on an A-level team at the discretion of the coaching staff and the Athletic Director.
- B. All athletic teams will be divided by skill level to provide our athletes with the best opportunity to compete successfully in the Parochial Athletic League.

All athletes must have grades of 70% or better in their core courses (English, math, science, social studies, and religion) during the current quarter in order to participate and try out for St. Anne School athletics. A student-athlete who falls below a grade of 70% in their core courses at any point during the quarter shall be placed on academic probation. That student shall be suspended from participation in all after-school sports activities for three weeks. After the three-week period, the student may petition to become eligible once again should a current check of their grades show a 70% or better in their core courses. Athletes who either fail to petition for reinstatement or petition or show a grade review will be considered academically ineligible and are prohibited from participating in

any after-school sports program for that grading period. Students may petition to have their eligibility reinstated no more than one time during the school year.

- C. Parents may not attend tryouts.
- D. Upon completion of tryouts, each coach will prepare a roster and have it reviewed and approved by the Athletic Director. Rosters will be communicated to families by the Athletic Director.
- E. There will be strict compliance with the academic standards set by the school. Spring rosters will be tentative until winter grades become available.
- F. There will also be strict compliance with the Athletic Code of Conduct, and violation of any aspect of that code will result in appropriate disciplinary action from the school. If a student is suspended during the school year, he or she is no longer eligible to participate in SAS athletics for the remainder of the school year.
- G. There will be a minimum of two coaches evaluating participants in the tryout process.
- H. Students must try out to participate on any team. There will be tryout dates for each sport.
- I. Prior participation on a team has no bearing on selection.

III. Team Membership

- A. Prior to participating in any team practices or games, students and parents must have read through and signed the Athletic Clearance Packet.
- B. Attendance requirement:
 - 1. A team member is expected to complete the season in its entirety, including playoffs and tournaments. Noncompliance may result in the student being ineligible for future participation in athletics at St. Anne School.
 - 2. Participation in a game requires an athlete to have attended school that same day for a minimum of half a day.
 - 3. If a student does not attend practice or a game for any reason and fails to communicate appropriately, they may not start the next game or may lose playing time. The proper way to communicate an absence is as follows: a parent must email the Athletic Director, and the student should inform both the coach and the Athletic Director in person if they are aware in advance that they will be absent.

C. Playing Time Policy

A-Level Teams:

Playing time is *not guaranteed* and *not equal* at the A-level. It is earned based on effort, performance, attitude, and commitment shown during practices and games. Coaches will do their best to get all players into games, but there may be situations where some athletes do not play. Playing time decisions are made in the best interest of the team and competitive success.

B-Level Teams:

All athletes on B-level teams will receive playing time in every game; however, playing time is *not always equal*. While every player will participate, the amount of time on the field or court may vary depending on skill, effort, attendance, attitude, and team needs. The focus at this level is on development, learning, and team contribution.

D. Financial Commitment:

Participation cost per athlete may vary with each sport and season and is nonrefundable.

The fee covers expenses such as:

- PAL participation fee
- Referees fees per game
- Coaches' stipends
- Awards
- Preparation of the fields for games
- Uniform use (uniforms must be returned at the end of each sports season)
- Equipment

E. Suspension from Team

Suspension from the team and/or games may occur if the guidelines of the following areas are not adhered to:

- Student Conduct
- Player Code of Conduct
- Parent Code of Conduct

IV. Coaching Policy

- A. All coaches must be at least 18 years old and will interview, complete an application, and successfully pass a background check, as well as yearly training and testing on head injury/concussion protocol. In addition, coaches must have a current CPR and Standard

First Aid certificate and a signed *Policies and Procedures for Coaches* on file with the athletic director.

- B. The athletic director will hire and supervise coaches.
- C. All St. Anne coaches will be expected to be a model of the mission of the school and strive to develop every player's skill level and inherent talent. Rules and strategies will be taught, and sportsmanship and teamwork will be stressed.
- D. Coaches will be responsible for the following:
 - Length of practice (not to exceed two hours per day and 3-4x per week)
 - Activities/drills used during practice time
 - Strategies and plans executed during games
 - Amount of playing time per athlete, per game
 - All coaching responsibilities, designated by the Parochial Athletic League
- E. The foundation of all activities at St. Anne School is faith, and the students will be led in prayer before all games.
- F. To ensure fairness and maintain a consistent coaching environment, parents cannot serve as coaches on athletic teams.

V. Team Managers

- A. Students in Grades 7 and 8 are eligible to become team managers. One to three managers per team will be selected each season and will be trained in keeping scorebooks and running the score clock. The applicable coaches will be responsible for the supervision of each team manager.
- B. Team managers will attend both home and away games (if needed) and will be responsible for equipment, accurate scorekeeping, and maintaining stats for each player.

VI. Athletic awards

Scholar Athlete Awards will be given out at graduation to those Grade 8 students who:

- Maintained an overall GPA of at least 3.0
- Participated in two A-team sports during their Grades 7 and 8 years
- Achieved Honor Roll (3.75 GPA) status during their sports season.

VII. Concussion/Head Injury Protocol

Any athlete will be immediately removed from any athletic activity if the athlete is suspected of sustaining a concussion or head injury. The athlete will not be allowed to return until they are evaluated and given a written clearance by a licensed healthcare provider trained in the management of concussions. All athletes are required to complete a head injury information sheet, signed by the athlete's parents, prior to the start of athletic activities.



Commitment Form

I, _____, have read and understand the sports packet in its entirety. I know and understand the time and financial commitment that the St. Anne School athletics program is asking of me. If I make the team, I commit to being a part of the team.

Print Athlete's Name

Athlete's Signature

Date

I, _____, have read and understand the sports packet in its entirety. I know and understand the time and financial commitment that the St. Anne athletics program is asking of me. If my son/daughter makes the team, I am aware of, and support the commitment they are making.

Print Athlete's Guardian's Name

Athlete's Guardian Signature

Date

Print Athlete's Guardian's Name

Athlete's Guardian Signature

Date