

St. Patrick's School  
Middle School  
Fall Sports Packet

Dear Parents/Guardians and Student Athletes,

Welcome back! It is time for soccer and volleyball seasons to begin. In order for your daughter, or son, to participate in these activities the following paper work must be filled out by **August 29<sup>th</sup>, 2008**.

**1. Physical Examination Form**

This form must be filled out by a physician to give your student clearance to participate. Physical Examinations given in 2007-2008 are valid through the 2008-2009 sports season.

**2. Spokane Diocese Release of All Claims**

**3. Parent Permission of Participation**

Your students must have insurance coverage to participate.

**4. St. Patrick School Expectations of Student Athletes**

This form is to be read and signed by both student and parents/guardians.

**5. Sports Participation Fee: \$55 per sport played**

This fee goes completely towards paying the officials and equipment, in accordance with the WIAA (Washington Interscholastic Athletic Association) guidelines that we, as members, must abide by. Please make your checks out to: St. Patrick's School. **Please do not allow the \$55 fee to determine whether or not your student will or will not participate. Please call me to resolve any issues.**

The required paperwork is to be turned into the school office by Friday **August 29<sup>th</sup>, 2008**. The student athlete cannot start practice without it. We will allow 5<sup>th</sup> graders to play on the soccer team. Our first day of practice for soccer and volleyball will be August 29<sup>th</sup> 2008. Volleyball will practice from 3:15-4:45pm. Soccer will practice from 3:15 - 4:45pm. If you have any questions, please call me at the school at **547-7261** or e-mail me at [fcruz@dioceseofspokane.org](mailto:fcruz@dioceseofspokane.org).

Thank you,

Mr. Freddie Cruz  
Athletic Director  
[fcruz@dioceseofspokane.org](mailto:fcruz@dioceseofspokane.org)

RELEASE OF ALL CLAIMS  
AGAINST THE CATHOLIC BISHOP OF SPOKANE CORPORATION SOLE

In consideration of permission granted my child/ward by the Bishop of Spokane Corporation Sole to participate in St. Patrick School after school activities, I, the parent or guardian of the below-named child, hereby release and discharge the Catholic Bishop of Spokane Corporation Sole officers from all, claims, demands, actions, judgments, and execution which the parent or guardian ever had, or now has, or may have, or which the parent or guardian's heirs, executors, administrators, or assigns may have, or claimed to have, against the Catholic Bishop of Spokane Corporation Sole, its successors or assigns, for all personal injuries, known or unknown to my child/ward, and injuries to property, real or personal, caused by, or arising out of, directly or indirectly, the above described sports activities, I, the parent or guardian, have read this release and understand all its terms, I, the parent or guardian, have read this release and understand all its terms, I execute it voluntarily and full knowledge of its significance.

LEGAL AUTHORIZATION FOR EMERGENCY CARE  
AND  
ACKNOWLEDGEMENT RELEASE OF ALL CLAIMS STATEMENT

NAME OF CHILD \_\_\_\_\_ DATE \_\_\_\_\_

In case of emergency, I authorize any representative of St. Patrick School, including chaperones, to seek professional medical aid for my child/ward. I understand that if the injury is serious, medical personnel may require my oral permission before treatment may be administered. They may contact me by calling.

\_\_\_\_\_  
Father's/guardian's signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mother's/guardian's signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

In the event we need to reach you and cannot, please give the name and phone number of a relative, friend, or neighbor who could continue to try and reach you.

\_\_\_\_\_  
Other Person

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

# PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

This form is not required as long as the conditions of 18.13.0 are met.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Sport: \_\_\_\_\_

## HISTORY

- |       | Yes                      | No                       |  |
|-------|--------------------------|--------------------------|--|
| 1 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now?                    |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam?                            |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness?  |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight?   |
| f.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy?   |
| g.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician?                                 |
| h.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils ( appendix, eye, kidney, testicle, etc.)?         |
| 2.    | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications ( including birth control pill, vitamin, aspirin, etc.)?  |
| 3.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)?                              |
| 4 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?           |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise?                              |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart?                              |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)?                                       |
| 6 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures or severe dizziness?                             |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches?   |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "radial nerve" injury?   |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury?   |
| 7.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?      |
| 8.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise?                      |
| 9 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eye wear?                                     |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision?   |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer?                          |
| 11 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury?   |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury?   |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?                            |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches?  |
| f.    | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)?                    |
| 12.   | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot?                                |
| 13.   | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight?   |
| 14.   | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES: Have you any menstrual problems?  |
| 15.   | <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport?                                   |

\*\*\*\*\* ATHLETE SHOULD NOT WRITE BELOW THIS LINE \*\*\*\*\*

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

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**St. Patrick School**  
**ATHLETIC CODE OF CONDUCT AGREEMENT**

Through the vehicle of sports, youth become better Christians and become friends with other children throughout our league. Activities should be examples of the meaning of Christian sportsmanship. As an athlete representing our school community and in the spirit of Catholic education, I agree (to):

1. Be in attendance the day of the activity.
2. Attend all practice sessions
  - a. All Athletic Director or Coach must clear pre arranged appointments.
3. Represent my school and such shall conduct myself as a lady/gentleman on and off the playing area. If I am suspended/expelled from school I will become ineligible for any activities for the duration of the suspension.
4. Be respectful to my coaches and fellow student athletes.
5. If I am serving detention and not able to attend a practice or a game as a consequence of detention, the missed practice or game will be considered as an unexcused absence.
6. Keep my hygiene and grooming consistent with accepted community values/ school guidelines as interpreted by my coaches.
7. Maintain no less than a C- grade average in each academic curriculum.
  - a. If my average in one-subject area falls below 70%, I have two week period to improve this grade, during which time I may attend all practices and all games. (This includes my conduct grade.)
  - b. If at the end of a two-week probation period that grade has not show significant improvement I may forfeit the remainder of the season.

It is the responsibility of the student athlete to provide a list of the student athletes to teachers for grade checks every Friday. If a athletic director will inform student athlete, parent coach homeroom teacher, and administrator.

It is the responsibility of the athletic director to provide a student's academic/behavioral situations. Contribute in planning a solution for individual academic/behavioral situations.

It is the responsibility of the student athlete to be supportive team member by following the instructions of the classroom.

It is the responsibility of the student athlete to contact the teacher, athletic director for additional corrective assistance at home and/or at school. Contribute in planning situations.

It is the responsibility of the student athlete to encourage the students and make necessary allowances for teacher and student tutor time if necessary.

## COACHES

Acceptable standards of coaching behavior include:

- À Set a good example for participants and fans to follow, exemplifying the highest moral and ethical behavior
- À Respect the judgment of officials, abide by the rules of the event – Never argue with officials – Technical fouls and ejections are never acceptable
- À Treat opposing coaches, participants, and fans with respect
- À Coach in a positive manner, reflecting Christian values – Yelling should be avoided
- À Be drug, alcohol and tobacco-free at all youth practices, events and games
- À Instruct participants in sportsmanship and demand that they display good sportsmanship
- À Encourage players through positive reinforcement
- À Coaches bear the same responsibility as teachers

## PLAYERS

Acceptable standards of play behavior include:

- À Treat opponents with respect – Shake hands prior to and after contests
- À Respect the judgment of officials and abide by the rules of the contest – Technical fouls and ejections are never acceptable
- À Always play in a positive manner, reflecting Christian values

## PARENTS AND SPECTATORS

Acceptable standards of spectator behavior include:

- À Remember that all players are children and are playing for their enjoyment, not yours
- À Remain seated in the spectator area during the games
- À Respect decisions made by contest officials
- À Be drug, tobacco and alcohol-free at all youth practices, events and games
- À Be a role model by positively supporting teams and by not shouting instructions or criticism to the players, coaches or officials. Do not coach from the stands
- À Make no derogatory comments or gestures to players, coaches, spectators of the opposing team, officials or league administrators
- À If you see fans of your team behaving in a negative manner, please try to appeal to the conscience at an appropriate time

## ENFORCEMENT

Concerns regarding violations of this code shall be first brought to the attention of the athletic director. Coaches, participants and spectators may be placed on probation or suspended from activities for their actions.

I(We) have read the Code of Conduct. I(We) agree to follow these guidelines in my(our) participation in all athletic activities

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Signature of Player

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Date

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Signature of Parent/Legal Guardian

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Date

**MEDICAL EMERGENCY AUTHORIZATION FORM**

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL

Name of Student Athlete \_\_\_\_\_

As Parent or Legal Guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian)

Parent's Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact Person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of contact person \_\_\_\_\_

Family Physician's Name \_\_\_\_\_

Name of Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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**FOR SCHOOL USE ONLY:**

Completed Form Received \_\_\_\_\_  
Date Name

Duplicate Copy Distributed to \_\_\_\_\_

on \_\_\_\_\_  
Date

Insurance coverage by parents Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

One copy filed in Student Permanent Record: \_\_\_\_\_ By \_\_\_\_\_  
Date Name

