

SPORTS PACKET

ALL FORMS AND FEES MUST BE COMPLETED, PAID AND TURNED IN BEFORE AN ATHLETE IS ALLOWED TO PARTICIPATE.

Please check when items are complete:

- Physical Card (pages 2-3)
 - Need to be current within the year
- St. Joseph Code of Conduct (page 4)
- Diocese of Tucson Parent Permission Form (page 5)
- St. Joseph Detention/Suspension Policy (page 6)
- Driving Information (page 7)
- Cooperation/Information/Parent Pick-Up Form (page 8)
- St. Joseph Extracurricular Policy (page 9)
- Code of Conduct And Behavioral Expectation (page 10)
- Volunteer Help Form (page 11)
- Sport Fee: \$70.00 (1st sport participate) \$ _____
 \$65.00 (2nd sport participate)
 \$60.00 (3rd sport participate)
- Uniform Fee: Shirt: \$15.00 \$ _____
 (*Current Sport Shirt Number _____)

Note: Shorts for sports are the same as the P.E. shorts. If student already has a Sport Uniform Shirt they do not need to purchase another.

Grand Total: \$ _____

CASH _____ CHECK NO _____

(MAKE CHECKS PAYABLE TO ST. JOSEPH'S ATHLETIC FUND)

ATHLETE NAME: _____

DATE OF BIRTH: _____

PHYSICAL DATE: _____

GRADE: _____

DIOCESE OF TUCSON CATHOLIC SCHOOLS SPORTS LEAGUE Physical Form

THIS SECTION TO BE COMPLETED BY PRIMARY CARE PROVIDER

Student's name _____ Sex _____ Gr _____ DOB _____

Father's name _____ Mother's name _____

Physical examination:

Known allergies: _____

Height: _____ Weight _____ BP: _____

Vision: without glasses: B 20/____ R 20/____ L 20/____

Vision: with glasses: B 20/____ R 20/____ L 20/____

Hearing: R _____ L _____

| | | |
|---------------|------------------|-------------------------------|
| Eyes _____ | Glands _____ | Skin _____ |
| Ears _____ | Heart _____ | Nutrition _____ |
| Nose _____ | Lungs _____ | Speech _____ |
| Teeth _____ | Gums _____ | Throat _____ |
| Tonsils _____ | Hernia _____ | Posture _____ |
| Abdomen _____ | Orthopedic _____ | Scoliosis : Neg:____ Pos:____ |

Urinalysis: _____

Hgb: _____

Cocci: Date: _____ Res: _____

Tbc: Date: _____ Res: _____

| |
|----------------------------|
| Immunizations Given Today: |
| |
| |
| |

Is this student currently receiving any medications? _____ List meds: _____

Does this student have any physical conditions or other restrictions which will limit the student's involvement in a regular school program or school activities? _____

I certify that I have on this date examined the above-named student and I have found no medical reason to disqualify him/her from participating in all supervised physical education activities and athletics with the exception: _____

Care provider's comments and/or recommendations: _____

_____ MD DO PA NP
Print care provider's name

_____ Date _____ Phone # _____
Care provider's signature



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DIOCESE OF TUCSON CATHOLIC SCHOOLS SPORTS LEAGUE Health History

THIS SECTION TO BE COMPLETED BY PARENT

Today's date _____ Child's Entering Grade _____

Student's Name _____
Last First M.I. DOB

Known Medication Allergies _____

Known Food Allergies _____

Has your child ever had any of the following?

| Condition | Yes, date | No | Condition | Yes, date | No | Condition | Yes, date | No |
|----------------------|-----------|----|----------------------|-----------|----|------------------|-----------|----|
| Allergies (seasonal) | | | Hearing Problems | | | Rheumatic Fever | | |
| Anemia | | | Heart Problems | | | Scoliosis | | |
| Asthma | | | Hepatitis | | | Seizures | | |
| Back Pain | | | Hernia | | | Sinus Problems | | |
| Chicken Pox | | | Hives | | | Strep Throat | | |
| Concussion | | | Joint Pain/Arthritis | | | Stomach Problems | | |
| Diabetes | | | Kidney Problems | | | Tuberculosis | | |
| Eczema | | | Menstrual Cramps | | | Valley Fever | | |
| Emotional Problems | | | Migraine Headaches | | | Vision Problems | | |
| Fainting | | | Mononucleosis | | | Other | | |

| Description | Year | Description | Year |
|-------------|------|-------------|------|
| Operations | | | |
| Operations | | | |
| Sprains | | | |
| Fractures | | | |

Does your child wear glasses or contact lenses? _____ Date of last Tetanus Booster _____

If your child is currently under doctor's treatment, please explain and give doctor's name: _____

Medications now taking _____

*If medications are to be given at school, complete "Parent Consent for Giving Medications at School" form.
This must be on file before any medications can be given at school.*

Does this student have any physical conditions or other restrictions which will limit the student's involvement in the school program? _____ Explain _____

Name of Family Physician _____ Phone _____

Parent/Guardian Signature _____ Date _____

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St. Joseph Code Of Conduct

Welcome to the St. Joseph Sports Program. We are looking forward to working with you and your child during the sport seasons.

The each member of the coaching staff contributes one hundred plus hours toward practices, games and tournament participation. In addition, there are behind the scenes hours in meetings and preparations. The staff all works very hard to provide the best experience possible for each student athlete. Parents are an important part of a team. Their example of teamwork, positive attitude, cooperation, participation and best effort has a profound effect on a successful experience for everyone; for this reason, we ask of you the following:

To ensure the effectiveness of communication, please, at anytime during the season, we ask that you use the following steps of communication in order to address you needs or concerns:

- 1) Speak to the coach at an appropriate time in an adult manner.
- 2) Contact the Athletic Director, Ms. Campas, through the school office. Any issues concerning the sports program are to be addressed through these two channels and in this order. If problems cannot be solved on either of these two levels, the Athletic Director will contact the Principal for further recommendations and/or schedule a meeting with all parties involved. (Please DO NOT see Principal first. We all would meet with him as a last resort!)
- 3) Adults and student athletes will conduct themselves in an appropriate manner at all on/off campus events.
- 4) Inappropriate language, gestures and/or behavior will not be tolerated and may result in expulsion from the sport.

Information that will answer many questions is in the Sports Packet. Please refer to this first whenever there is a question. The Diocese Sports Handbook is also available for viewing online at: www.diocesetucson.org/schools2k6sports.html.

As a sign of your commitment towards teamwork, please sign below. With unity and mutual respect our “Eagles” will soar! Thank you.

Ms. Adriana Campas
Athletic Director

Approval: Mr. Granillo
School Principal

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

Diocese of Tucson Parent Permission Form

To the Principal of St. Joseph School:

I have read the following pages and I hereby give my consent for:

Athlete's Name

to participate in All ATHLETIC FUNCTIONS and related activities.

I understand that transportation will be by private vehicle. I agree to direct my child to cooperate and confirm with directions and instructions of the supervisory personnel in charge of the athletic function. Should it be necessary for my child to have medical treatment while participating on this trip, I hereby, give my permission to use their judgment obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his or her participating in this athletic event or function, including transportation to and from such activity, through the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payments of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

Parent Signature _____ Date _____

Address _____

Home Phone _____

Work Phone _____

Mobile Phone _____

St. Joseph Detention/Suspension Policy

Detention: Athletes who are in detention are not to come out to any team sport activity on that day and are to miss a game closest to the detention day.

Suspension: Athletes who are in suspension, be it in or out of school, are not to participate in any sport related activity during this time.

- In School Suspension will result in two *contests missed per one day of suspension served.
- Out of School Suspension will result in three *contests missed per one day of suspension served.

The number of contests to be missed will include contests that occur during the suspension time and after, if necessary, to fulfill requirement.

An In or Out of School Suspension could result in immediate removal from a team. This would be at the Principal's and Athletic Director's discretion.

*contest- games, matches or track events

Parent Signature _____ Date _____

Driving Information

Any person driving students/athletes other than their own child(ren) to or from any sport related event must have:

- Completed the Compliance process, through the Parish Office
- Have fingerprint clearance
- A current drivers license
- A copy of auto insurance on file with the Parish Office

Any team that does not have enough drivers that are in compliance to transport team members to sport related events will not be able to go. **THIS MEANS THAT AWAY GAMES WILL RESULT IN A FORFEIT!**

CALLS TO THE SPORTS/PE DEPARTMENT

Calls to the Sports/PE department will be answered by the end of the next school day. Please refer to the Sports Packet for general information about the routine operations of the Sports Department.

Initial _____

GAMES/PRACTICE SCHEDULE

Each athlete receives a game/practice schedule from his/her coach. Please be sure that you have received it. All game schedules are posted on the Sports/PE board or ParentsWeb. Any changes to a practice/game schedule will be announced in time for athletes to call home.

Initial _____

WEATHER CANCELLATIONS

In the event of weather changes, a decision will be made by 2:00 p.m. The office will be asked to make the announcement and the athletes will be allowed to call home. If a coach cancels a practice on the practice day for a reason other than weather, the athletes will be told as soon as possible and they will be allowed to call home. If they cannot be pick up right away, the student athlete will have to sign in to after school care, and can pick up there.

Initial _____

AIRBAGS

If the driver has a front passenger airbag, then no student younger than 12 may be seated in the front passenger seat. If the passenger airbag has an on/off switch, then this may be used as a seat, HOWEVER, you should not want a younger student to be in the front seat at all! If the driver, (at their own risk) wants to seat their own child in the front passenger seat (with airbag on or off), then they personally take that risk. All drivers should consult their owner's manual for all limitations regarding airbag safety.

Initial _____

Cooperation/Information/Parent Pick-Up Form

The following are guidelines to ensure the smooth operation of our program:

1. Practice for Sports will start after school unless other arrangements have been made for a team. Athletes are to meet coaches in the portables.
2. Practices will end at 5:00p.m., unless other arrangements have been made for a team.
3. Athletes are not allowed to leave school grounds during practices and/or games. All athletes are to check in and check out with their coaches for practices and/or games.
4. Athletes are to be picked up promptly at the scheduled end of practices. Athletes not picked up on time will be checked into the ESD Program. Any athlete picked up late two times and/or does not pay ESD charges will no longer be allowed to participate in school sports.
5. Games for Varsity/JV Volleyball/JV Basketball are played on weekdays at 4:00 p.m. at designated school sites. Varsity Basketball games are on the weekends at Salpointe Catholic High School.
6. Cancellation of practices and or games will be made at 2:00p.m. on the day of the event. The office will not know of any changes prior to this time. Students will be allowed to call home.
7. Athletes may wear their sport uniform to school on game days. Varsity players may wear their uniform on Fridays when their games are on the weekend. JV/Varsity may wear their uniform on Fridays during the Track Season.
8. First practices, games and other information for sports will be announced and posted on the Sports/P.E. Board, which is outside the P.E. Portables or on ParentsWeb.

I HAVE READ, UNDERSTAND AND WILL COOPERATE WITH THE ABOVE

Athlete Name: _____ (print) Parent Name _____ (print)

After practice my child will:

- Be picked up
- Take the bus
- Walk Home
- Go to ESD
- Will go home with _____

Parent Signature _____

St. Joseph Extracurricular Policy As It Applies To Sports

- All students in grades 4 – 8 are allowed to sign up for after school sports.
- The number on a team will be up to the amount of coaches and the Athletic Director's discretion.
- Each JV player will play a part of each pre-tournament contest contingent upon attendance at practice, cooperation, overall sportsmanship and best effort.
- Problem solving:
 1. Meet with Coach.
 2. Meet with Coach and Athletic Director
 3. Meet with Coach, Athletic Director and Principal.
- Discipline: Behavior that detracts from an effective team practice will not be tolerated. The athlete will be asked to sit out of the rest of the practice. This will be considered a practice missed. The consequence for any behavioral problem will be loss of playing time. Reoccurring problems with any athlete could result in removal from a team.

ACADEMIC POLICY

- Students must have a 60% grade in every subject in order to participate.
- A student receiving an F in any subject at a grading period will be put on probation for the rest of that grading period. Grades will be issued at Trimester.
- A student on academic probation is not allowed to play or practice until that grade is raised to a passing level. This policy will stand even if a team has to forfeit game/s for lack of players.
- Every Friday following the official grade notice of an F, the student will receive a weekly grade. If the grade is a P for passing, the student will be allowed to participate with the team for the following week only.
- If at any time during the probationary period the student receives another F, the student is no longer eligible to be on the team until the next grading period which could allow them to rejoin the team if the grade is a P for passing.
- The above is applicable for grades 4, 5 & 6 however; if at any time during the probationary period the student receives another F, team eligibility will be at the Teacher's recommendation.

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

Code of Conduct And Behavioral Expectation Sign-Off

Diocesan Code of Conduct

As a participant and supporter of the Diocesan Sports Program, I will conduct myself in a manner consistent with the values and teachings of the Catholic Christian faith and will follow the rules and procedures outlined in the Diocesan Sports Handbook.

Expectations of Behavior

The general behavior of an athlete in school and elsewhere is a credit to her/his team, school, coaches, family, and her/himself. It is the expectation of the Diocese of Tucson that you will conduct yourself in a manner consistent with the values and teachings of the Catholic Christian faith. When determining your conduct, keep the following in mind.

- Treat ALL with respect.
- Maintain sportsmanlike conduct.
- Refrain from using profanity, disrespectful/harassing gestures at any time.
- Encourage your teammates and all athletes during competition.
- Follow the guidelines for Uniform Dress Code.

I _____ (athletes name) have read the Diocesan Sports Handbook and understand that the Diocese of Tucson has certain expectations of behavior that I will uphold. Further, I understand that I am responsible for my conduct and will manage myself in a manner consistent with the values and teachings of the Catholic Christian faith, or be subject to all penalties prescribed by the Handbook and the school that I represent.

Athlete Signature _____ Date _____

Volunteer Help Form

Please check off what you are interested in doing. Everything earns volunteer hours and many, many thank yous...

Please call the schools office or contact the Athletic Director, Mr. Campas, to volunteer to be a:

- Driver (needs to have completed compliance process with the parish office, have fingerprint clearance, a valid license, and proof of insurance on file with office)
- Team Mom/Dad
- Referee (will be trained)
- Score Keeper
- Tournament Concessions Worker
- Sports Equipment Maintenance
- Track Season Helper
- I'm Not Sure, But I Will Help with Something!

Parent Signature _____ Date _____

Phone _____

E-mail _____

Parent of _____

(print)