



**Our Lady of Perpetual Help Catholic School
CYAA SPORTS PERMISSION FORM**

I/We, the parent(s)/guardian(s) of _____ request
Name of child

that the school allow my child to participate in the CYAA after school sports program at Our Lady of Perpetual Help Catholic School. I understand that this will include travel to other schools by parents. Also due to league fees, update of uniforms and the cost of officials each participant will have to pay \$175 per full season sport and \$75 for short season sport, which will be charged to your FACTS Account. This is non-refundable to those who drop out of the program, those who are suspended, and those who are academically ineligible due to grades or conduct. The participants are responsible for the uniforms and maintaining the condition in which they were given. If lost or damaged an additional fee will be charged. All sports are contingent on player interest.

A physical is required and must be conducted prior to participation in any sport. An annual Pre-Participation Physical Evaluation form must be completed and signed by a physician and turned in by the parents to the Athletic Director.

We hereby release and save harmless Our Lady of Perpetual Help Catholic School or any and all of its employees from any and all liability for any harm arising to my/our son/daughter as a result of participating in the CYAA after school sports.

Sincerely,

Parent/Guardian Signature Date Daytime phone

Check Sports for participation (Full Season \$175):

Boys: _____ Flag Football _____ Basketball _____ Baseball

Girls: _____ Volleyball _____ Softball _____ Basketball _____ Soccer 7th/8th Grade Only

(Short Season Sports \$75):

Boys/Girls _____ Cross Country

Boys: _____ Soccer

In case of an emergency please contact _____
at _____



Roman Catholic Diocese of Phoenix
 HEALTH AND EMERGENCY INFORMATION FORM _____(School Year)

Appendix B

 [School]

| | | | |
|---------------------------------------|---------------------------------------|---------------|------------|
| Student's Name | Date of Birth | Grade/Room | M F Sex |
| Student's Address | City, State, Zip | | |
| Mother's/Legal Guardian's Name () | Father's/Legal Guardian's Name () | | |
| Daytime Phone | Cell Phone | Daytime Phone | Cell Phone |

| | |
|---|---------------------------------------|
| Address (if different from Student's) | Address (if different from Student's) |
| Alternative Emergency Contacts – If Parents Cannot be reached | |

| | |
|----------------------------------|------------------------------------|
| Primary Emergency Contact () | Secondary Emergency Contact () |
| Daytime Phone | Cell Phone |
| Daytime Phone | Cell Phone |

| |
|--------------------------------------|
| Student Health & Medical Information |
|--------------------------------------|

| | |
|---|-------------------------------------|
| Physician's Name | Phone Number |
| Dentist's Name | Phone Number |
| Name & Address of Preferred Hospital (if any) | Phone Number |
| Insurance Company | Group & Policy Number |
| Student's Allergies | Medications Student Takes Regularly |

Special Health Considerations: _____

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my student. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the Student to be given medical care by the doctor or hospital selected by the School. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill. I authorize the School to release medical information about my student to his/her care provider. I authorize the School to release care and custody of my student to the emergency contacts listed above. It is understood that the consent and authorization given hereby are continuing and apply throughout the current school year. It is further understood that insurance or parent of student will pay any expenses incurred. Payment of such expenses is not a school responsibility.

| | |
|------------------------------------|------|
| Signature of Parent/Legal Guardian | Date |
|------------------------------------|------|

CATHOLIC YOUTH ATHLETIC ASSOCIATION PHILOSOPHY

The interscholastic athletic program of the Catholic Schools is an integral part of the education program. It must, therefore, be in harmony with the educational objectives. Any interscholastic athletic activity should teach:

- An individual to be a responsible and contributing team member.
- Selfless effort in working with others to reach a common goal.
- Appreciation of others efforts, whether they be teammates, opponents, officials, or coaches.
- An ability to keep activities and games in proper perspective.

Athletics should be a significant, valuable community activity, foster loyalty, school spirit, student participation and healthy competition. Goals of the athletic program should be meaningful to all students in a school. The main objectives of the Catholic Youth Athletic Association program should be that of developing qualities of leadership, good sportsmanship, and promoting a Christian atmosphere in which students will grow in respect and concern for others in their own environment as well as in society as a whole. Emphasis should be placed upon the development of game fundamentals. Principals, coaches, and parents should encourage players to give their best, improve their skills, and have fun when playing a game.

ROLE OF PARENTS

Parents of children participating in the CYAA Program should be made aware of the philosophy and guidelines as presented in the CYAA Handbook.

Parents should be encouraged to take an active part in the CYAA Athletic Program of their school.

1. Parents can have great influence as spectators at the game. It is of importance that this influence be of a positive nature. Coaches and players are encouraged and motivated by the support of parents, and the greatest support and encouragement is needed after a loss.
2. When relating to coaches and officials, parents should be an example of cooperation and respect.
3. A parent who observes a coach whose behavior is not consistent with CYAA guidelines or philosophy should make it known to the school principal and CYAA Advisory Board in writing.
4. Parents are to refrain from offensive language and actions. Taunting and/or swearing is not to be tolerated in the CYAA Sports Program.
5. Parents will respect the judgment of a Site Director, official or umpire at all times.
6. Parents must monitor the academic progress of their child/ren according to the standards as delineated by the school of enrollment.
7. Parents must sign the form provided stating that they have read the CYAA and local school philosophy, roles, rules, and regulations and agree to abide by them. They must abide by the Diocesan Transportation Policy.

ROLE OF THE STUDENT ATHLETE

All eligible student athletes are encouraged to participate in the various CYAA activities. Students who choose to participate in CYAA activities must make a commitment to their team. To play on a CYAA school team is both a privilege and responsibility. To practice and play takes a number of after school hours, and the student's usual grades must be maintained or the privilege of playing a sport will often be taken away from him/her. When a player is suspended from a team, the teammates as well as the player are affected. Any player who chooses to play on a team owes it to his/her coach and teammates as well as himself/herself to remain on the team until the conclusion of the season.

Any student athlete participating in a CYAA activity is expected to:

1. Give fully of himself/herself during practice and games.
2. Be accepting of his/her honest mistakes.
3. Strive to win without placing undue pressure on self or teammates.
4. Recognize and respect the strengths and weaknesses of teammates.
5. Exhibit sportsmanship at all times - - being a good winner as well as a good loser.
6. Accept the guidance of coaches.
7. Respect the decisions of officials and umpires.
8. Refrain from offensive language and actions.
9. Maintain academic standards as delineated by his/her school of enrollment.
10. Demonstrate that he/she has health and/or student accident insurance.

CYAA Participation Sign-Off Form

I/We have read the philosophy, roles, rules and regulations for parents and student athletes from the Catholic Youth Athletic Association (CYAA).

I/We agree to abide by these and all policies approved by the school and the Diocese of Phoenix for students attending Our Lady of Perpetual Help Catholic School

Student Signature _____ Date _____

Parent Signature _____ Date _____



Our Lady of Perpetual Help Catholic School
ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

To be completed by Physician

Name _____ Date of Birth _____ Age _____ Sex _____

Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____ . _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

| NORMAL | ABNORMAL FINDINGS | INITIALS |
|------------------------|-------------------|----------|
| MEDICAL | | |
| Appearance | | |
| Eyes/Ears/Nose/Throat | | |
| Hearing | | |
| Lymph Nodes | | |
| Heart | | |
| Murmurs | | |
| Pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary * | | |
| Skin | | |
| MUSCOLOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/Arm | | |
| Elbow/Forearm | | |
| Wrist/Hand/Fingers | | |
| Hip/Thigh | | |
| Knee | | |
| Leg/Ankle | | |
| Foot/Toes | | |

*Having a third party present is recommended for the genitourinary examination.

Notes: _____

- Cleared without restriction
 Not cleared for: All sports Certain sports Reason: _____

Recommendations: _____

Name of Physician (print) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD / DO / NP / PA-



Our Lady of Perpetual Help Catholic School MEDICAL DISCLOSURE FORM

Student Name/Grade: _____ Birthdate: ____/____/____

Address: _____ Phone: (____) _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.
Physician: Please review with the athlete details of any positive answers.

YES NO DON'T KNOW

- _____ 1. Has anyone in the athlete's family died suddenly before the age of 50 years?
- _____ 2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
- _____ 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
- _____ 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
- _____ 5. Does the athlete have a history of a concussion (getting knocked out) or seizures?
- _____ 6. Has the athlete ever suffered a heat-related illness (heat stroke)?
- _____ 7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
- _____ 8. Does the athlete take any prescribed medicine, herbs, or nutritional supplements?
- _____ 9. Is the athlete allergic to any medications or bee stings?
- _____ 10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
- _____ 11. Has the athlete ever had prior limitation from sports participation?
- _____ 12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
- _____ 13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
- _____ 14. Is there a history or young people in the athlete's family who have had congenital or other heart disease: cardiomyopath, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this term, if appropriate.)
- _____ 15. Has the athlete ever been hospitalized overnight or had surgery?
- _____ 16. Does the athlete lose weight regularly to meet requirements for your sport?
- _____ 17. Does the athlete have anything he or she wants to discuss with the physician?
- _____ 18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
- _____ 19. Does the athlete have asthma?

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give my permission for my child to participate in sports / activities.
I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.
I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment. I hereby authorize release of these examination results to my child's school.

Signed: _____
Parent/Guardian Signature

Date: _____

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."



Roman Catholic Diocese of Phoenix
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 _____ (name of program) of _____ (name of school) and the time of day in which program events 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 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.

I, _____, of _____
(name of parent/guardian) (name of minor student)

have selected one of three alternatives below by checking the applicable box to indicate selection:

(1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**

I, _____, parent/guardian of _____, (name of student) a participant in the _____ (name of program) of _____ (name of school) hereby consent to allow the student named above to travel to and from program events 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. I further consent subject to the following additional conditions (if any): _____

(2) **NON-EXCEPTION**

I, _____, parent/guardian of _____, choose to have my child always travel in a 2 adult vehicle.

(3) **ASSUMPTION OF TRANSPORTATION RESPONSIBILITY**

I, _____, parent/guardian of _____, will solely provide transportation for my child to all activities away from the school campus.

(Signature of Parent/Guardian)

(Date)

(Print name of Parent/Guardian)



ROMAN CATHOLIC DIOCESE OF PHOENIX DRIVER INFORMATION FORM

(Please Type or Print)

DRIVER INFORMATION

| | | | |
|-----------------------|------------------------|--------------------|----------------------|
| Driver Last Name: | First Name: | Middle Initial | Date of Birth |
| Street address: | City: | State: | Zip Code: |
| Phone #: | Drivers License #: | State: | Expiration Date: |

In order to provide for the safety of our students, we must ask each volunteer drive to list all accidents or moving violations you have had in the past five (5) years: | |

VEHICLE INFORMATION

| | | | |
|---------------------------|----------------------|-------------------------|---------------|
| Name of Owner: | | | |
| Owner Street address: | City: | State: | Zip Code: |
| License Plate #: | State: | Date of Expiration: | |
| Model of Vehicle: | Make of Vehicle: | Year of Vehicle: | |

If more than one vehicle is to be used, the above information must be provided for each vehicle.

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 Expiration: |
| Liability Limits of Policy*: | | |

*Please Note: The minimum acceptable limits for privately owned vehicles are \$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 as a volunteer driver, I must be 21 years of age or older. 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.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|