



## 2019/2020 Athletics Checklist

### 5<sup>th</sup> – 8<sup>th</sup> Grade Boys'/Girls' Volleyball & Basketball

**Please complete and return the following registration forms by the due date:**

Athletics Parental and/or Legal Guardian Consent Form

Student Athlete: Medical Information and Emergency Consent Form

Parents and/or Legal Guardians Risk Acknowledgement and Consent to Participate Form Physical Examination Form Athletic Participation Form

- **Please Note:** This form must be completed by the students/athlete's physician. A physical examination is required every two years, must be on or after April 1<sup>st</sup>. **Students/athlete's may NOT participate in practices or games until this form (approving participation) is received.**

Parent and Athlete Concussion Acknowledgement

Form Student-Athlete Sportsmanship Pledge

Parent and/or Legal Guardian Sportsmanship Pledge

Parent-Athlete Uniform Policy and Agreement (Basketball & Boys' Volleyball)

Fees (exact amount or checks payable to St. John XXIII Athletic Association):

Girls' Volleyball (August - October)	\$70(includes purchase of volleyball uniform shirt)
	\$45(Using volleyball uniform shirt from prior season)
Basketball (November – February)	\$75
Boys' Volleyball (March – April)	\$35

**Return all completed forms including the fees to the school office by registration due date.**



## Athletics Parental and/or Legal Guardian Consent Form

As parents/guardians, we hereby give our consent for \_\_\_\_\_ to participate in youth athletic activities at St. John XXIII Catholic School during the 2019/2020 athletic season. We assume all risks and hazards incidental to such participation, including transportation to and from activities. We hereby waive, release, absolve, indemnify, and agree to hold harmless, the team, league, organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from any and all activities, for any claim arising out of an injury to this child.

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

\_\_\_\_\_  
2019/2020 School Year Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent eMail Address

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent eMail Address

\_\_\_\_\_  
Date



### STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

PARTICIPANT'S NAME:		
ADDRESS:		
CITY:	ZIP:	PHONE:
PARENT/LEGAL GUARDIAN:		
ADDRESS:		
EMPLOYER:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
OTHER EMERGENCY CONTACT PERSON:		PHONE:

#### MEDICAL INFORMATION

FAMILY PHYSICIAN:	PHONE:
GROUP/ADDRESS:	
HOSPITAL OF PREFERENCE:	

#### INSURANCE INFORMATION

SUBSCRIBER:	GROUP NUMBER:
POLICY NUMBER:	COMPANY:
PRE-EXISTING MEDICAL CONDITIONS:	

I authorize the coaching staff to provide emergency medical treatment of any injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgment may be deemed necessary in the care of (child's name) \_\_\_\_\_

PARENT/LEGAL GUARDIAN:	DATE:
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PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this



ARCHDIOCESE  
of MILWAUKEE

Form  
6145.2(b)

**PARENTS AND/OR LEGAL GUARDIANS  
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM**

PARTICIPANT:		BIRTH DATE:
ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		

My/our child wishes to participate in the sport(s) of (list all)

\_\_\_\_\_ during the \_\_\_\_\_ school year.

I/We will realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated our child's participation in the above listed sports and the potential injuries that may occur.

I/We will assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:

My electronic signature on this form indicates my intent to adopt the content of this form and communicate such information and consent electronically to my parish/school.



## PHYSICAL EXAMINATION FORM - ATHLETIC PARTICIPATION

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

### STUDENT INFORMATION

STUDENT'S NAME:				
ADDRESS:		CITY:	STATE:	ZIP:
DATE OF BIRTH:		PLACE OF BIRTH:		
AGE:	SEX:	GRADE:	HEIGHT:	WEIGHT:
SCHOOL:			CITY:	

### PHYSICIAN'S RECOMMENDATIONS AND EXAMINATION

The above named student has been examined and there are no apparent restrictions to participation in interscholastic athletic activities except as follows:

<input type="radio"/> CLEARED WITHOUT RESTRICTION			
<input type="radio"/> CLEARED, WITH THE FOLLOWING QUALIFICATIONS:			
<input type="radio"/> NOT CLEARED <input type="radio"/> PENDING FURTHER EVALUATION <input type="radio"/> FOR ALL SPORTS <input type="radio"/> FOR CERTAIN SPORTS			
REASON:			
RECOMMENDATIONS:			
NAME OF PHYSICIAN (PRINT OR TYPE):			
SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP:			
ADDRESS/CLINIC:	CITY:	STATE:	ZIP:
TELEPHONE:	DATE OF EXAMINATION:		



## PARENT AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed annually prior to participation in any sport.*

### Parent Agreement:

I, \_\_\_\_\_ have **read** the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

PARENT/GUARDIAN SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

### Athlete Agreement:

I, \_\_\_\_\_ have **read** the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

ATHLETE SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



## STUDENT-ATHLETE SPORTSMANSHIP PLEDGE

**Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport**

As a student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

STUDENT-ATHLETE:	PARENT(S) /GUARDIAN(S):
COACH:	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. Listecky</i>

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



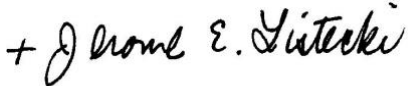
**PARENT/GUARDIAN  
SPORTSMANSHIP PLEDGE**

**Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport**

As a parent/guardian of an Archdiocese of Milwaukee student-athlete, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for players, coaches and spectators.
- Provide encouragement and support for players and coaches.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my son/daughter.
- Take responsibility for my actions.

I understand that I may not be able to attend activities if I do not display good sportsmanship.

PARENT(S) /GUARDIAN(S):	ARCHBISHOP JEROME E. LISTECKI: 
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.





## St. John XXIII Athlete Uniform Policy and Agreement

### Student Athlete

As an athlete at St. John XXIII, you agree to wear this uniform with great pride and represent the Christian values we promote. This includes the utmost respect for our opponents, the fans, the coaches, team member, and officials. You agree to only wear the issued uniform for St. John XXIII games. This uniform will not be worn as everyday apparel.

It is optional to wear a t-shirt or sleeveless top under your uniform; this must be in the team colors of **NAVY or WHITE ONLY**.

### Parent and/or Guardian

Your student athlete is expected to wear this uniform with great pride and represent the Christian values we promote. The issued uniform is to only be worn for St. John XXIII games. This uniform will not be worn as everyday apparel.

It is optional to wear a t-shirt or sleeveless top under your uniform; this must be in the team colors of **NAVY or WHITE ONLY**.

The uniform care and replacement costs are as follows:

<u>Uniform Care Instructions</u>	<u>Replacement Cost</u>	
Machine wash in cold water	Reversible Game Jersey	\$65.00
NO Bleach	Reversible Game Shorts	\$30.00
NO Dryer		
Air dry by hanging or lying flat		

Once the sports season concludes, return the laundered uniform jersey and shorts in a labeled bag within **ONE** week to the school office, Basketball Coordinator, or Athletic Director.

I agree to take proper care of the uniform as instructed above and assume the replacement cost of the uniform if it is lost, stolen, not returned, or not cared for properly.

As the student athlete and parent and/or guardian, we agree and will comply to the SJXXIII Uniform Policy and Agreement.

Student Athlete Name and School Grade (print) \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_

Parent and/or Guardian Name (print) \_\_\_\_\_

Parent and/or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

Uniform Number \_\_\_\_\_ Uniform Jersey Size \_\_\_\_\_ Uniform Short Size \_\_\_\_\_



## Wisconsin Fact Sheet for Parents

Assess the situation    Be alert for signs and symptoms    Contact a health care provider

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

### What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

## SIGNS AND SYMPTOMS OF A CONCUSSION

### SIGNS OBSERVED BY PARENTS OR GURADIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### SYMPTOMS REPORTED BY YOUR CHILD

#### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention



## DANGER

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

## SIGNS

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

### What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

### How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

To learn more about concussions go to :

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion);

[www.wiaawi.org](http://www.wiaawi.org);

[www.nfhs.org](http://www.nfhs.org)

