



2024/2025 Athletics Checklist

5th – 8th Grade Boys’/Girls’ Basketball and Volleyball

Please complete and return the following registration forms by the due date: May 30th 2024 for Volleyball and October 18th, 2024 for Basketball.

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 1st.

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)

New Payment Method:

Students' FACTS accounts will be billed prior to starting of the season. No need to write a check

Parish Members:

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

Girls’ Volleyball (August - October) \$75 (includes purchase of volleyball uniform shirt)
\$50 (Using volleyball uniform shirt from prior season)

Boys’ Volleyball (August - October) \$75 (includes purchase of volleyball uniform shirt)

Basketball (November – February) \$75
\$95 additional fee for jersey if needed.

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

*****If you are interested in coaching for any sport please contact Quentin Mendez by email at qmendez@stjohn23rd.school**

*****If jersey needs to be purchased please provide a size and sport: _____



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 2024/2025 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

2024/2025 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="checkbox"/> CLEARED WITHOUT RESTRICTION			
<input type="checkbox"/> CLEARED, WITH THE FOLLOWING QUALIFICATIONS:			
<input type="checkbox"/> NOT CLEARED	<input type="checkbox"/> PENDING FURTHER EVALUATION	<input type="checkbox"/> FOR ALL SPORTS	<input type="checkbox"/> 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.



6145.2(k)

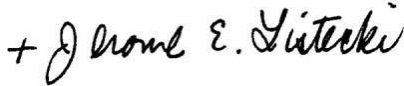
**STUDENT-ATHLETE SPORTSMANSHIP
PLEDGE**

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: 

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



**PARENT/
GUARDIAN
SPORTSMAN
SHIP
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: <i>+ Jerome E. Listecky</i>
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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	\$45.00
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 _____

