

All Souls Catholic School
ELC – 8th Grade
Athletic Association

For Office use only

Check # _____

Amount _____

School Year 2009 – 2010

GIRLS VOLLEYBALL

STATEMENT OF COST

The cost of participation for the individual SPORTS PROGRAM is \$55.00. This fee helps defray the cost of equipment, uniforms and officials fees. **Please make your check payment to: All Souls Home and School.** Also, please write the students name and the specific sport played on the face of the check and attach it to this completed form. Only those students whose payment and form have been received (or for whom prior arrangement has been made with Mr. Moore) may participate in a game. **No students will be allowed to practice or be placed on a team until they have a physical on file.**

**This completed and signed form must be returned to the Athletic Director by
Wednesday, February 17, 2010.**

STUDENT RESPONSIBILITY

1. **I WILL BE PRESENT FOR ALL GAMES AND PRACTICES.** If I am unable to attend due to illness or if, for some other serious reason, I must miss a game or practice, I will bring the coach a written excuse from my parents/Guardian. If I miss too many practices or games, no matter what the reason, or my behavior is not appropriate, the coach has the discretion to not play me for a game(s).
2. **I WILL DO MY BEST TO OBSERVE THE RULES OF GOOD SPORTSMANSHIP AND I WILL NOT USE FOUL LANGUAGE.**
3. I understand that, if I display poor sportsmanship or use foul language in a game, practice or at any other time when I am representing All Souls School, disciplinary action will be taken immediately. If it occurs during a game, I will be immediately substituted in the game and will be unable to play until the Principal, the school Athletic Director, my coach, my parents and I have discussed the incident thoroughly. If such behavior occurs during a practice, I will not be allowed to start the next game.
4. **IF I HAVE ANY PROBLEMS, I WILL NOT QUIT.** I will ask my parents to arrange a conference with the coach, the principal and the athletic director so that the problems may be resolved. If I quit without a conference, I understand that I cannot play another sport for All Souls for a period of one year. The conference will determine my eligibility for other sports.

5. **I ASSUME THE RESPONSIBILITY OF KEEPING MY UNIFORM CLEAN.** I understand that uniforms are to be worn for participation in games only. I should never wear my uniform to practice or to P.E. I will have a change of clothing for use during all practices. If I do not have a change of clothing, I understand that I must still attend the entire practice, but I may not be allowed to participate.
6. I realize that, at the end of the season, I MUST RETURN MY UNIFORM to the office NO LATER THAN ONE WEEK FROM THE DATE OF OUR LAST GAME. I WILL RETURN THE ENTIRE UNIFORM IN A CLEAN AND UNWRINKLED CONDITION.
7. **I WILL RESPECT GYM AND SCHOOL PROPERTY, WHETHER IT BELONGS TO ALL SOULS OR TO ANOTHER SCHOOL.**
8. **I UNDERSTAND THAT IF MY GRADES ARE NOT MAINTAINED AT AN ACCEPTABLE LEVEL AND/OR I HAVE PROBLEMS IN SCHOOL WITH ATTITUDE OR OTHER DISCIPLINE PROBLEMS, THE PRINCIPAL MAY REMOVE ME FROM THE ACTIVITY.**
9. I WILL DO MY BEST TO KEEP THE RULES AS STATED ABOVE.

Students Signature: _____

Grade: _____ Date: _____

I/we have read this contract with our child and I/we will do all that is possible to assist my/our child in honoring the terms of this contract.

Parents Signature: _____ Date: _____

Parents Email: _____

**CATHOLIC SCHOOLS ATHLETIC LEAGUE
PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM**

Child's Name: _____ Parish: _____

Address: _____ School: _____

Phone: _____ Grade: _____ Birth Date: _____

Parent/Guardian's Name _____

Phone: _____ Work/Cell Phone _____

Email: _____

Person, other than parent, to notify in case of emergency:

Name _____ Phone _____

I/We, the parent/guardian of the above named child hereby give my/our permission for his/her participation in any and all Catholic Schools Athletic League (CSAL) activities. I/We agree to direct my/our child to cooperate and conform, to directions and instruction of the CSAL personnel responsible for the activities.

I/We understand and acknowledge that by consenting to my/our child's participation in CSAL activities, including transportation to and from those activities. I/We authorize and consent to any medical care for my/our child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I/ We release the Archdiocese of Denver and any employee or volunteer coach/instructor or drivers from liability while participating in the athletic programs unless directly caused by or resulting from the gross negligence or intentional misconduct of the Archdiocese of Denver, the parish, the school, or any of their agents, servants or employees, including any employee or volunteer chaperones or drivers.

In the event we cannot be reached in an emergency, I/We hereby give permission for:

Adult Leader _____ Adult Leader _____

To authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Family Physician _____ Phone _____

Parent Signature _____ Date _____

IF YOU DO NOT WANT MEDICAL CARE GIVEN TO YOUR CHILD, STATE REASONS:

MUST BE COMPLETED BY PARENT OR GUARDIAN

Have/Subject to (check if yes):

Asthma _____

Fainting Spells _____

Convulsions _____

Diabetes _____

Heart Trouble _____

Allergies or Reaction to ANY Medication: _____

Sport Reactions (please list): _____

Other (please describe in detail): _____

Difficult with (check if yes):

Eyes, Ears, Nose, Throat _____

Digestion _____

Lungs _____

Menstrual Problems _____

Any condition now requiring medication? _____ Name of medication(s): _____

Any restriction of activity for medical reasons? _____ Explain: _____

RISK OF INJURY

The CSAL program would like to advise you that persons completing in athletic programs risk minor, serious, or permanent injury to themselves or to others. Such injury can include, but not be limited to, injuries to the head, tissues and muscles, bones and joints, eyes, ears, face, feet and hands. Injuries can be caused by, but not limited to, collisions with opponents and teammates, by falling, by colliding with the floor, building fixtures or sports equipment, by running or merely as a result of activity. Protective equipment employed in sports is not a safeguard against injury.

Please read and sign below that you acknowledge that you have read and understand this information and that you have explained this to your child. The child must also sign below that he/she has read or had this information explained to him/her.

Signature of Parent/Guardians: _____ Date: _____

Signature of Participant: _____ Date: _____

THIS FORM MUST BE AVAILABLE AT ALL CSAL ACTIVITIES