

VOLLEYBALL

Grade _____ Fee \$100 (plus uniforms)

Athlete Information (please print)

Player's name _____
Address _____
Home phone _____ Cell phone _____
Email _____ Birthdate _____

Parent Information

I acknowledge receiving and reviewing the SF Athletic Handbook.

Signature _____ Date _____

Parent Email Addresses-(communications will be done electronically only)

Mother's/Guardian's Name _____
Address (if different from above) _____
Home phone _____ Cell phone _____
Email _____ Work phone _____

Father's/Guardian's Name _____
Address (if different from above) _____
Home phone _____ Cell phone _____
Email _____ Work phone _____

Emergency Information (in case either parent can't be reached)

Name _____ Relationship _____
Home phone _____ Cell phone _____ Work phone _____

Name _____ Relationship _____
Home phone _____ Cell phone _____ Work phone _____

Health and Insurance Information

Is athlete taking any medication? yes _____ no _____
(please specify) _____
Does athlete have any allergies? yes _____ no _____
(please specify) _____
Does athlete have any medical conditions? yes _____ no _____
(please specify) _____
Does athlete wear contact lenses? yes _____ no _____
Does athlete wear braces? yes _____ no _____

Insurance Company _____
Name of Policy Holder _____
Policy # _____ Group # _____

Archdiocese of Chicago
Child/Minor Athletic Participation Release Form

Child/Minor Name _____ Child's Date of Birth _____
Address _____
Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Insurance Company Name _____
Policy Number _____

Important Information

The Catholic Bishop of Chicago (the "CBC") and St. Ferdinand Parish (the "Parish") are committed to conducting athletic programs and activities in the safest possible manner and holds the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish insist participants follow safety rules and instructions which have been designed to protect your safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its program. The cost would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining medical accident insurance, the CBC and the Parish require the execution of the following **Waiver and Release**. Your cooperation is appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the following program(s).

Program : St. Ferdinand Athletic Programs **Program Date:** ~~2018-2019~~ 2019 Academic Year

As the participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor child/ward may sustain as a result of participation in any and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participation in the programs, against the CBC, the Parish, and their agents, servants, volunteers, and employees.

I do hereby fully release and discharge the CBC, the Parish and their officers, agents, servants, volunteers and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the programs.

In the event of an emergency, I authorize the CBC or Parish officials to secure from any licensed physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care. I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program details.

Parent/Guardian Signature

Date

Saint Ferdinand School Athletic Program
Emergency Release/Consent Form

To whom it may concern:

As a parent/guardian of _____, I hereby authorize the treatment by a qualified, licensed medical doctor of the aforementioned minor in the event of a medical emergency which, in the opinion of the attending physician may endanger the child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Name _____

Name of Athlete _____

Home Address _____

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Home Phone _____ Cell Number _____

Family Physician _____ Phone _____

Preferred Hospital/Place of Treatment _____

Health Insurance YES NO Carrier _____

Policy # _____

Medical Information: Blood type ____ Asthma YES NO

Medication regularly taken: _____

Specific Allergies: _____

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In case of emergency and I can't be contacted, please contact the following individuals:

1. Name _____ 2. Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

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Print name of parent/guardian Date

Signature of parent/guardian Date

Saint Ferdinand Athletic Program Handbook

CATHOLIC BISHOP OF CHICAGO, A CORPORATION SOLE

CHILD/MINOR ACKNOWLEDGEMENT FORM

The Catholic Bishop of Chicago (CBC) and Saint Ferdinand Parish are committed to conducting programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and Parish insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC and the Parish does not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a recreation program/ activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or the Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor/ child/ ward may sustain as a result of participating in activities connected with this program. I am responsible for the transportation of my child/ ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and the Parish and is my voluntary undertaking. While using my personal vehicle to and from parish/school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State and local laws; during the event(s) and to and from the event(s) I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility. On behalf of myself or child/ ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and the parish from claims resulting from injuries (including death), damages and losses sustained by me or my minor child/ ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or parish officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

Parent/Guardian Signature _____

Parent/Guardian Name _____

Child/Minor/Ward Name _____

Address _____

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SPORTS PARENT/GUARDIAN CODE OF CONDUCT

The purpose of the following Sports Parent/Guardian Code of Conduct is to help define appropriate parental/guardian actions that support the mission of the athletic program. Parents/guardians should read, understand, and sign this form prior to participation.

Any parent/guardian who does not follow the guidelines below will be asked to leave the sports facility and be suspended from the privilege of attending games.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these pillars of character.

As a parent/guardian, I therefore agree to the following:

I will not force my child to participate in sports.

I will remember that the game is for youth, not adults.

I will learn the rules of the game and the policies of the league.

I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy towards all players, coaches, officials, and spectators at all games and practices.

I (and my guests) will not engage in any kind of unsportsmanlike conduct (booing, taunting, etc) or any other form of harassment towards any official, coach, player or parent.

I (and my guests) will not use any profane language or gestures.

I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.

I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

I will demand that my child treat other players, coaches, officials, and spectators with respect.

I will teach my child the importance of hustle, playing fairly, and doing one's best.

I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.

I will emphasize the importance of skill development over winning and losing.

I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my own child.

Saint Ferdinand Athletic Program Handbook

I will respect the officials and their authority during games, and will never publicly question their decisions.

I will respect the coaches for the time they donate, and I will never publicly confront, question, or criticize them.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.

I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches for the team.

Athlete's Name _____

Parent/Guardian Signature _____ Date _____

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Home Telephone _____ Date _____

STUDENT ATHLETE CODE OF CONDUCT

The purpose of the following Student Athlete Code of Conduct is to help define appropriate actions and behaviors that support the mission of the athletic program. All participating student athletes should read, understand, and sign this form prior to participation.

Any student athlete who does not follow the guidelines below may be suspended or expelled from the athletic program.

As a student-athlete, I therefore agree to the following:

I will play the game for the game's sake.

I will be generous in winning and graceful in losing.

I will display good sportsmanship and respect towards all opponents. I will work for the good of the team.

I will accept the decisions of the officials gracefully.

I will conduct myself at all times with honor and dignity. This includes during and after school, games, practices, and trips to other schools and facilities.

I will recognize, applaud, and encourage the efforts of your teammates and opponents. I will show respect for your coaches.

I will show respect towards fans and personnel from other schools.

Athlete's Name _____

Athlete's Signature _____ Date _____

