



St. Pius X Catholic School

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The mission of St. Pius X Catholic School is to provide superior academics in a joyful, safe, welcoming, Catholic, family environment.

ATTENTION PARENTS!!

This packet contains enrollment forms to play athletics at St. Pius X. This paperwork must be filled out in its entirety and handed in to the athletic director at the first practice. After that, all forms and fees must be handed in at the office. Forms must be completed for each sport played. The office will keep the Hold Harmless Agreement and Physicals on file so they will not need to be duplicated by you for multiple sports, **BUT** the code of conduct contract must be completed for each sport.

Be sure to read the directions below for properly enrolling your child in athletics.

1. Email your child's coach to let them know your child is playing. Emails for coaches are found on the athletics page on the school's website.
2. Read the Mission & Philosophy statement *with your child*.
3. Sign the athletic contract. **Both you and your child need to read and sign** the Genesee county Catholic Schools Code of Conduct and Expectations. Hand in at first practice.
4. Hold Harmless Agreement- review and sign. Hand in this form at first practice.
5. Sign the concussion awareness form (even if you've already done this for the school, it must be done for each sport as the coaches need to know this information is completed). Hand in this form at first practice.
6. Physical Exam & Medical History- If we have a current physical on file for a previous sport played, another physical is not necessary. We will make a copy for the coach. Hand in this form at first practice.
7. All students are required to pay a fee for athletics. Please remit a check or cash in the amount of \$30 to St. Pius X School. Hand in this fee at first practice.

ATHLETES WILL NOT BE ALLOWED TO PRACTICE WITHOUT FORMS SIGNED/FEES PAID AND TURNED INTO THE ATHLETIC DIRECTOR/SCHOOL OFFICE. THIS MUST BE DONE BEFORE THE FIRST PRACTICE



GENESEE COUNTY CATHOLIC SCHOOLS ATHLETIC PROGRAM

Mission Statement

The Genesee County Catholic Schools Athletic Program is an integral part of the teaching ministry of the Church for students in grades 5-8. Athletics within the Catholic school system are provided for all students of varying abilities and backgrounds. Through participation in athletics it should become apparent that students are growing in the virtues of prudence (good judgment), justice (fairness), temperance (self-control) and fortitude (courage). Student athletes, coaches, and parents work together to build up the Body of Christ at all moments.

Philosophy Statement

The purpose of the GCCS athletic program is to provide an authentic opportunity for students to apply the Gospel of Jesus Christ through competition that emphasizes the development of God given talents and respect for the worth of all of God's creations. The success of GCCS athletic programs will be assessed by virtue that is demonstrated by players, coaches and parents.

- We believe that winning and losing is always secondary formation in the Faith, and should never distract from the formative benefit for all parties engaged in competition.
- We believe that meaningful participation is a matter of respecting the dignity of every student-athlete.
- We believe that every student-athlete deserves an opportunity to learn and improve.
- We believe that parents are always the first and most important teachers of their children and that coaches should lead and instruct as if they were forming and coaching their own children.
- We believe it is a privilege to participate in the GCCS athletic program.
- We believe that when necessary, problem-solving relating to GCCS athletics should be consistent with the Gospel teachings and progressive, beginning with coaches, then AD's, then Principals, Pastors, the Executive Director of the GCCS, and Bishop's delegate.



**Genesee County Elementary Schools Athletic Code of Conduct and Expectations
Informed Consent Agreement**

Student Name: _____ Grade: _____ Sport(s): _____

AS A STUDENT-ATHLETE:

- I have read the mission and philosophy.
- I agree to abide by the athletic mission, philosophy and principles.
- I understand and agree that participation in athletic activities is a privilege and any violations may result in my removal from further participation on any team(s).

Student-Athlete's Pledge: As a student athlete, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, hazing, trash talking, and unnecessary physical contact. I know the behavior expectations of my school. I hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Student-Athlete Signature: _____ Date: _____

AS A COACH/ATHLETIC DIRECTOR:

- I have read the mission and philosophy.
- I agree to abide by the athletic mission, philosophy and principles.
- I understand and agree that participation in athletic activities is a privilege and any violations may result in my removal from further participation.

Coach/AD Pledge: As a coach/AD, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I will show respect for all players, coaches, administrators, spectators, and support groups. This respect includes all communication whether it is verbal, written or email. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the coach/AD.

Coach Signature: _____ Date: _____ AD signature:  _____ Date: 2017-2018

AS A PARENT/GUARDIAN:

- I have read the mission and philosophy.
- I agree to abide by the athletic mission, philosophy and principles.
- I understand and agree that participation in athletic activities is a privilege and any violations may result in my child and/or myself to be removed from further participation or involvement on any team(s) or any sport related activities.

Parent's Pledge: As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I will show respect for all players, coaches, administrators, spectators, and support groups. This respect includes all communication whether it is verbal, written or email. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Parent Signature: _____ Date: _____



The GCCS Athletic Release and Hold Harmless Agreement

(Enter your child's name in all blanks below)

As lawful parent or guardian of _____, a minor under Michigan law, I hereby authorize _____, to participate in the Genesee County Catholic Schools Athletic League ("Program"). I, on behalf of said minor, accept full responsibility for any and all injuries, both mental and physical, that may occur to _____ due to such participation and, in connection therewith, I furthermore hold harmless all coaches, officials, person and/or entities associated with the program, and or schools, both volunteer and hired, and the members of the Genesee County Catholic Schools Athletic League ("Program") from any and all liability due to _____'s participation in or association with the program, including, but not limited to, injury, harm, damage, loss or other impediments which may be in any way be connected with or arise from practices, games, travel to and from said events, or any other activity associated with _____'s participation in the Program.

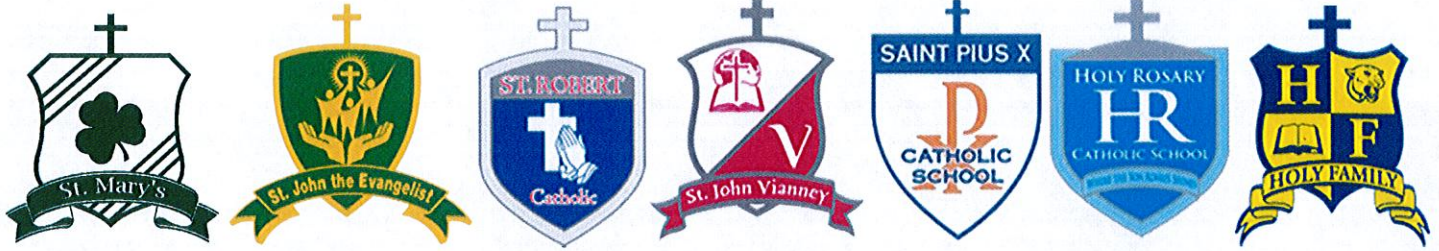
I, on behalf of _____ specifically release all claims for damages, personal injury, wrongful death or injury, including all tort claims, civil claims and statutory claims including claims arising under the Persons with Disabilities Act, state and federal civil rights acts or any other claim that might arise, either known or unknown, from said minor's participation in the program. I specifically understand that this Release and Hold Harmless Agreement is intended to preclude all lawsuits, appeals and claims as described above and I acknowledge that neither I, nor anyone acting on my behalf, will institute such claims on _____'s behalf.

I understand athletic competition can be dangerous and sometimes results in injury and even death. I warrant that I am fully aware of the risks associated with athletics and have reviewed them with _____, and consent to my child undertaking such risks.

_____ Dated: _____
Signature of Parent or Guardian

Printed Name of Parent or Guardian

_____ Dated: _____
Signature of Student



GENESSEE COUNTY CATHOLIC SCHOOLS
ATHLETIC PROGRAM CONCUSSION AWARENESS
EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by St. Pius X Catholic School.

Student Name Printed

Student Name Signature

Date

Parent or Guardian Name Printed

Parent or Guardian Signature

Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL

Student Address: STREET CITY ZIP

Gender: M F Age: Date of Birth: Place of Birth (City/State):

School: Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name:

Phone (home): (work): (cell):

Mother/Guardian Name:

Phone (home): (work): (cell):

Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

MEDICAL HISTORY: Completed by Parent or Guardian of 13-Year Old



Student Name: _____ Date of Exam: _____

Family Doctor: _____ Phone: _____

GENERAL QUESTIONS		Y	N
<input type="radio"/> Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have any ongoing medical conditions? If so, please identify below:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Have you ever spent the night in the hospital or have you ever had surgery?			

MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Do you have any concerns that you would like to discuss with a doctor?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			

HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure?			
Do you get more tired or short of breath more quickly than your friends during exercise?			

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			

BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			

FEMALES ONLY (Optional)		Y	N
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: _____ Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: _____
 I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.
 BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY
 LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER → Name of Examiner (print/type): _____ Date: _____
 Signature of Examiner: _____ (Check One): MD DO PA NP
 ----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN of 13-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____

Drug Reactions: _____ Current Medications: _____

Allergies: _____