

**Archdiocese of Chicago
Child/Minor Athletic Participation Release Form**

Child/Minor Name: _____ **Grade** _____

Address: _____

Parent/Guardian Name: _____

Home Phone: () _____

Parents Work Phone: () _____

Parents E-mail: _____

Important Information

The Catholic Bishop of Chicago (the CBC) and St. Damian Parish (the Parish) are committed to conducting athletic 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 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 instruction, 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 programs. The cost would make 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 requires the execution of the following Waiver and Release. Your cooperation is greatly 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 and your child/ward might sustain arising out of this program.

Program:

Fee:

Program Date:

As the participant in the program, I recognize and acknowledge 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 participating in any and all activities connected with or associated with such program

In the event of any emergency, I authorize the CBC or parish officials to secure from any licensed physician, and/or medical personnel any treatment deemed necessary for the immediate care and agree I will be responsible for payment of any medical service rendered.

I have read and fully understand the above details. I hereby Waive and Release All Claims and give permission to secure treatment.

Parent Signature: _____

Please Print Name: _____

Coordinators: Please keep this copy on file.

St. Damian School Emergency Procedure Form

Student's name _____ Birth date _____

Address _____ Phone _____

Father's Name _____ Bus Ph _____ Mobile Ph _____

Mother's Name _____ Bus Ph _____ Mobile Ph _____

Names of two relatives and two neighbors who will assume responsibility for the child if parents cannot be reached:

Relative _____ Phone _____

Relative _____ Phone _____

Neighbor _____ Phone _____

Neighbor _____ Phone _____

Physician of Choice _____ Phone _____

Dentist of Choice _____ Phone _____

Local Hospital of Choice _____ Phone _____

Special Health Conditions of child, if any _____

If you and the physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child, properly accompanied, to an available hospital or physician?

Yes _____ No _____

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her 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.

Name of minor _____ Relationship _____

Date or dates when release is intended (School Year) _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Father-Mother-Legal Guardian _____ Date _____

Coordinators: Please return this form to team coaches so they may keep on hand at practices and games.

St. Damian Coaches Application Form

Name: _____

Sport: _____

E-Mail: _____

Grade (Coach wishes to be considered for): _____

Head Coach position or Assistant Coach position: _____

ASEP Certified (Y/N): _____

VIRTUS Training (Y/N): _____

Coaching Experience Sport: _____

Playing Experience: _____

Any Other Information Relating to Coaching: _____

**ST. DAMIAN ATHLETIC ASSOCIATION
SPORTS REGISTRATION**

Registering For:	Girls B-Ball <input type="checkbox"/>	Boys B-Ball <input type="checkbox"/>	Girls V-Ball <input type="checkbox"/>	Boys V-Ball <input type="checkbox"/>
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Player Information:

Name:	_____	Date of Birth:	_____
Address:	_____	Phone:	_____
City	_____	Alternate Phone:	_____
Zip:	_____	E-mail:	_____
Parent/Guard:	_____	Grade/Year Playing:	_____

Uniform Information (all players):

Jersey Size: **YS YM YL AS AM AL AXL**

Short Size: **YS YM YL AS AM AL AXL**

Jersey Number:

Uniform Order:

<u>Price Per Item:</u>	Shorts:	\$25	Jersey:	\$45	BBall
	Shorts:	\$10	Jersey:	\$30	Vball

Quantity:

Total:

Is This a Re-Order: **Y/N**

Reason For Re-Order: _____

Parent/Guardian Information:

UNIFORMS: I/We release from responsibility for inaccuracies in sizing and name spelling on uniforms. I/We have submitted the correct size and spelling of our child's name and do not hold St. Damian Athletic Association for any misspelling or sizing mistakes unless it is a manufacturer's error (ex: misshapen jersey, defective material, etc.). I/We will be responsible for the cost of a new uniform due to outgrowth or ordering mistake on our part. I/We are also aware that athlete's registering 2 weeks after the announced registration date will be given a jersey without the athlete's name on the back for this season. The name will be printed on the jersey the following sport's season.

Parent's Signature: _____ Date: _____

Make Checks Payable to: St. Damian Athletics

Athletic Association Use Only-Do Not Write in this Box

Registration Fee:	_____	Paid By	_____
Uniform Fee:	_____	Cash	_____
Late Registration:	Y/N	Check #	_____
Total:	_____		_____

Youth Sports Parent Code of Conduct

Preamble

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 "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and/or the well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game, and will take time to speak with coaches at an agreed upon time and place.
16. 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.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
18. I will model and teach my child to honor the game and have respect for rules, opponents, officials, teammates and self (ROOTS).

I pledge to follow the Parent Code of Conduct:

Parent's Signature _____ Print Child's Name _____