



# 2009/2010 Athletics Checklist

## Athletics Checklist

for

### Current 4<sup>th</sup> – 7<sup>th</sup> Grade Students Interested in Boys' or Girls' Basketball & Boys' or Girls' Volleyball

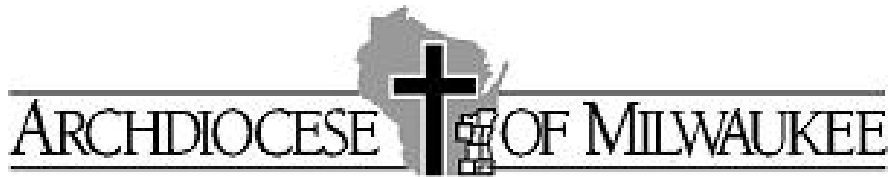
#### Please bring :

- Parent/Guardian Sportsmanship Pledge – sign and date.
- Parental Consent Form
- Medical Information & Emergency Consent Form – complete, sign, and date.
- Risk Acknowledgement and Consent to Participate Form – complete, sign, and date.
- Athletic Handbook Acknowledgement (at the end of the Port Catholic Athletic Handbook) — sign and date.
- Fees (checks payable to Port Catholic Athletic Association):
  - Basketball - \$30
  - Girls' volleyball - \$25
  - Boys' volleyball - \$15

#### Also needed before student can practice:

- Physical Examination Form – to be completed by physician examining the student/athlete. You may use Archdiocese form or WIAA form/green card. Physical examination is required every two years (must be after April 1<sup>st</sup>). Student/athlete may NOT participate until this form is received (approving participation).

Forms are attached. They may also be downloaded from [www.portcatholic.org/athletics](http://www.portcatholic.org/athletics)



**Archdiocese of Milwaukee  
*Parent/Guardian*  
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 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.

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Parent(s) /Guardian(s)

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Archbishop Timothy M. Dolan





# PC Athletics Parental Consent Form

Parents/Guardian,

As parents/guardians, we hereby give our consent for \_\_\_\_\_ to participate in youth athletic activities at Port Catholic during the 2009/2010 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ARCHDIOCESE OF MILWAUKEE**

**Student Athlete - Medical Information & Emergency Consent Form**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Group / Address \_\_\_\_\_

Hospital of preference: \_\_\_\_\_

Insurance Info: Subscriber: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Company: \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

I authorize the coaching staff to provide emergency medical treatment of an 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 judgement may be deemed necessary in the care of my child.

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

**ARCHDIOCESE OF MILWAUKEE**

**Parent's and/or Legal Guardians**

**Risk Acknowledgement and Consent to Participate Form**

Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

1) Parent/Guardian \_\_\_\_\_

Parent/Guardian Address  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Parent/Guardian \_\_\_\_\_

Parent/Guardian Address  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My/our child wishes to participate in the sport(s) of (list all)  
\_\_\_\_\_ during the \_\_\_\_\_ school year.

I/We 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 with our child's participation in the above listed sports and the potential injuries that may occur.

I/We 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 Date

\_\_\_\_\_  
Parent/Legal Guardian Date

**ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION  
FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC  
ATHLETICS - BOYS AND GIRLS**

\*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name: \_\_\_\_\_  
Last Middle Initial First

Place of Birth (Cty.,St.) \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_ City: \_\_\_\_\_

The above named student has been examined and there are no apparent restrictions to participating in interscholastic athletic activities except as follows:

Sports or school activities in which this student cannot participate are (if none - write NONE):

\_\_\_\_\_  
\_\_\_\_\_

\*If approved for only one year of competition, check here. \_\_\_\_\_

Signature of Licensed Physician or Surgeon: \_\_\_\_\_  
(print or type)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

**ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.**