

2010/2011 Athletics Checklist

Athletics Checklist

for

Current 4th – 7th Grade Students Interested in Boys' or Girls' Basketball & Boys' or Girls' Volleyball

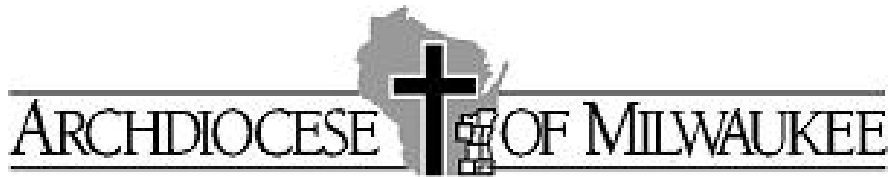
Please bring :

- 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 — 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 1st). 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



**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.

Parent(s) /Guardian(s)

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 2010/2011 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, par-
ticipants, 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 (City, 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.



PLAYING TIME

- I. Policy for Grades 5 and 6. The spirit and intent of Port Catholic's playing time policy for 5th and 6th grade is that all student-athletes experience at balanced amount of playing time. Coaches are expected to work toward an equal amount of playing time over the course of a season where the season is defined as league and tournament games.
- II. Policy for Grades 7 and 8. The spirit and intent of Port Catholic's playing time policy for 7th and 8th grade is that every student-athlete will be given the opportunity to contribute the team's success during both practices and games. Playing time is earned and is recognition for hard work and fully utilizing the talent they've been blessed with and maximizing their skill sets. All dressed players will see playing time in the game, however, it is the coaches discretion as to how that playing time will be divided.

DISCLAIMER

- I. From time to time, changes in the Archdiocese regulations or League policies may occur resulting in revisions to this handbook. The most updated version of this handbook can be found on the Port Catholic Athletic page website. If a statement occurs between this handbook and the Archdiocese regulations, the Archdiocese regulations will prevail.

Revised 9/2007

(School Copy)

As a representative of the _____ family, I have read thru the Athletic Handbook and understand the information contained in this handbook. We agree to comply with the Athletic Handbook guidelines and support the Athletic Association in a positive manner.

Signature _____ Date _____