



PoP Sports Registration Form

Please fill out all fields below and submit this form with all required registration paperwork to the school office, to the athletic director, or to the parish office, all attention **P.O.P. Athletics**. Billing for each sport will be through **FACTS** at the beginning of each sports season.

Choose a Sport(s): Volleyball Basketball Track Cross Country

Fees: Basketball & Volleyball: \$80/sport.
 Track & Cross Country: \$50/sport.

Athlete's First and Last Name: _____

Girl Boy

4th (Track & Cross Country Only.) 5th 6th 7th 8th

PLEASE PRINT ALL INFORMATION

Parent's First and Last Names: _____

Primary E-mail: _____

Parents: Are you interested in coaching next season?

Liability Waiver: My child is physically fit for his/her participation in the sports selected and I release Prince of Peace from any liability.

Parent's Signature: _____



Student Name: _____

Grade: _____

Medical Information

Does this Player have any allergies? YES NO

If yes, please explain: _____

Does this player wear glasses or contacts? YES NO

Is this player under a physician's care now? YES NO

If yes, please explain: _____

Permission / Medical Release Form

The above student has my permission to participate in extracurricular athletic activities and he/she is physically fit to engage in such activities. While I expect adult supervisors to exercise reasonable precaution to avoid injury, I understand that they assume no obligation for any injury that may occur. I also agree that Prince of Peace School, its employees and agents shall not be held responsible for any injuries to my child resulting from these activities.

I hereby grant permission to the adult manager, coach and Athletic Director of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such time as either parent or guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including travel to and from these activities.

Signature of Parent / Guardian: _____ Date: _____

Student Academic Eligibility

In accordance with Prince of Peace School's athletic program student eligibility policy (POP-5000-7), a student engaged in our team sports must meet the academic requirements of a minimum overall grade average of C- and no failing grades for all subjects taught in school.

Grades will be reviewed every two weeks during the sports season. If the student does not meet the minimum average of C- with no failing grades, he or she will be suspended from participation in all interscholastic team matches for a period of two weeks. The student will still be allowed to attend practice during this two-week period. At the end of the two weeks, the student's class progress and grades will be reviewed by the principal and teachers. If improvement is shown, the student will again be allowed to compete in all interscholastic matches.

Any student receiving two behavior detention slips within a quarter will be ineligible to play for a period of two weeks after which time behavior eligibility will be reviewed by the teacher and principal.

Any student having more than 10 missing assignments in a week will be ineligible to play for two weeks after which time student progress will be reviewed by the teachers and principal.

You will be advised if your child is not meeting these requirements and we ask that you would then work with your student to improve his or her academic standing. The team sports program is very important to our students, but their education is our first priority. Thank you for supporting our efforts to give your child the best of both of these experiences. (Revised 2005-2006)

I have reviewed the student academic eligibility policy with my child and we agree to abide by the above stated policy.

Parent/Guardian Signature

Student's Signature



CHILD/MINOR ACKNOWLEDGEMENT FORM

Athletic Program: _____ School Year: _____

The Catholic Bishop of Chicago (CBC) and _____ 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 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 _____ Date _____

Parent/Guardian Name _____ Date _____

Child/Minor/Ward Name _____

Address _____

Home Telephone _____ Work Phone _____



SPORTS PARENT/GUARDIAN CODE OF CONDUCT

School Year: _____

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 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.

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 _____



STUDENT ATHLETE CODE OF CONDUCT

School Year: _____

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 efforts of my teammates and opponents.
- I will show respect for my coaches.
- I will show respect towards fans and personnel from other schools.

Athlete's Name _____

Athlete's Signature _____ Date _____

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
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