

Health and Registration Form

Dear Parent(s) / Guardian(s),

It is recommended that a physician examine all children participating in the St Christina Athletic Association's Sports Programs before participating. Please read the following, fill out the form completely, and return it with your signature and initials to your child's coach. This form, along with the fee(s) and deposit(s), must be returned before your child may receive his/her uniform.

Athlete's Full Name: _____

Parent(s) / Guardian(s): _____

Address: _____

Work # : _____ Cell # : _____

Home # : _____ Date of Birth: _____

Sex : F ___ M ___ Grade: ___ CCD: ___

Emergency Contact Name: _____

Phone #: _____

Please list any allergies / medical conditions: _____

Health Insurance:

Any athlete participating in the St. Christina Athletic Association's Sports Programs must carry an adequate health / accident policy. If you do not have a family policy, you must obtain the health / accident policy provided through St. Christina School.

Please initial for indicating proof of insurance: _____

Release Form

To Whom It May Concern,

After being examined by a physician, my child was found to be physically fit to participate in the St. Christina Athletic Association's Sports Program. I hereby give my consent for his / her participation without any restriction.

I also agree that if an injury or bodily harm becomes my child, whether in practice, traveling to or from a regularly scheduled game, or otherwise, I will not hold the Archdiocese of Chicago, the Chicago Board of Education, the Chicago Park District, St Christina Parish, St. Christina School, the Athletic Association, or the coaches of the team, responsible for such injury or bodily harm. By my signature below as parent or guardian, I, nor anyone of my family, heirs, executors, or administrators of my estate, will hold any of the aforementioned above, responsible for any accident or injury incurred as mentioned herein. In all, I assume all risks and expenses, which may incur in the way of bodily harm to my child.

Please be advised that _____ has permission to participate in a St. Christina Athletic Association's Sports Program. I have read the above release form and am in full agreement. I have also read and agree to the Rules and Regulations Form.

Parent / Guardian Signature: _____

Date: _____

Email Address: _____

Please circle any other sports your child is participating in:

Baseball Basketball Cheerleading Football Golf Soccer Volleyball

**The Catholic Bishop of Chicago, a Corporation Sole, and The South Side Boys Volleyball League
Child/ Minor Acknowledgement Form – Catholic School and Catholic Parish Form**

(PLEASE PRINT ALL INFORMATION REQUESTED; SIGNATURE REQUIRED AT BOTTOM.)

Name of Child: _____

Name of Parent(s) or Legal Guardian(s): _____

Full Address: _____

Home Telephone: () _____ Cell Phone: () _____

Work Phone: () _____ E-mail: _____

Activity: **Boys Volleyball** Activity Dates: **March – April, 2018** Activity Times: **VARY**

The Catholic Bishop of Chicago (CBC), Brother Rice High School, Saint Ignatius College Prep, the Chicago Ridge Park District, all member schools, all host schools, and all parishes of the South Side Boys Volleyball League (SSBVL) 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 all parties associated with the South Side Boys Volleyball League insist participants follow safety rules and instructions designed to protect the safety of the participants and the attendees.

Please recognize the CBC and all participating members and venues of the SSBVL do not carry medical insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a program/ activity should review their own health insurance for coverage. The absence of health insurance coverage does not make the CBC or any member parish, school, or party associated with the SSBVL responsible for 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. If I am responsible for the transportation of my child/ ward to and from the event, the use of my personal automobile to transport participants or attendees is not sanctioned by the CBC or the SSBVL and is my voluntary undertaking. If an Adult Volunteer Driver transports my child, I acknowledge the risks associated with this choice. In either case, it is understood and acknowledged by the adult driver that their automobile insurance is primary; the driver will understand and comply with the rules and regulations of the Illinois Motor Vehicle Code; and, the driver understands and will comply with Federal, State, and local laws. During the event(s) and to and from the event(s) the driver will not engage in any inappropriate behavior or activity.

On behalf of myself or child/ ward, I will indemnify the Catholic Bishop Of Chicago, a Corporation Sole and all parties associated with the South Side Boys Volleyball League 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, parish, school, or SSBVL officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's/ ward'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(s): _____

Date: _____

Updated January, 2018

Athletic Eligibility/Disciplinary Policy

The St. Christina Athletic Program, as an extension of the St. Christina academic program, is subject to the authority of the Pastor, Principal, Assistant Principal, and Athletic Association of the school. Participation in athletics is viewed as a privilege. Academics and in-school discipline standards must be met for a student-athlete to participate.

Student athletes, who are failing any subject, **at any time during the season**, will be ineligible to participate in games, matches, and practices. Grades will be determined on a week to week basis until the grade has improved to passing, beginning on **Monday and ending Sunday of the following week**.

The following procedure will be applied in all cases:

1. The teacher will notify the Assistant Principal, who will notify the parents of the student athlete's ineligibility.
2. The Assistant Principal will notify the Athletic Association President, who will in turn, notify the coordinators and the coaches.
3. **Student athletes will not be declared eligible to resume participation without a signed reinstatement letter from the Principal or Assistant Principal. This letter should be shown to their coach and returned to school with a parent signature.**

Student-athletes in grades 4-8 who receive three behavior detentions will be ineligible to participate in games, matches, or practices for a minimum of one week. Additional discipline reports/detentions will result in further ineligibility.

Parents are expected to monitor the academic and disciplinary status of their student-athlete.

Chronic academic or disciplinary situations will be referred to the judgment of the Principal and Assistant Principal.

ATHLETIC ELIGIBILITY **AGREEMENT**

I, _____, have read and understand the St.
Parent/Guardian name

Christina Eligibility Policy and agree to abide by the terms stated and support the enforcement of this policy.

Parent/Guardian Signature

Date

Student Signature

Date

School Student Attends