

# 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 (CBC), a Corporation Sole, The Chicago Public Schools (CPS), and The South Side Boys Volleyball League (SSBVL) Child/ Minor Acknowledgement Form – CPS Schools**

**(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), the Chicago Public Schools, Brother Rice High School, Saint Ignatius College Prep, the Chicago Ridge Park District, all member schools, all host schools, and 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, the Chicago Public Schools, 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, the Chicago Public Schools, 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, the Chicago Public Schools, 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, the Chicago Public Schools, 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, the Chicago Public Schools, SSBVL member parishes and schools, 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**

# St. Christina Athletic Association

## Athletic Eligibility/Disciplinary Policy & Agreement for Religious Ed Student Athletes in 4<sup>th</sup> thru 8<sup>th</sup> Grades - 2017-2018 School Year

The **St. Christina Athletic Program**, as an extension of the **St. Christina Religious Education Program**, is subject to the authority of the **Pastor, Coordinator of Religious Education and the School Athletic Association**. Participation in athletics is viewed as a privilege. Discipline, attendance and academic standards must be met **from the onset** of the Religious Ed school year for a student athlete to participate. The discipline, attendance and academic standards are consistent between the St. Christina Religious Ed students and the St. Christina School students.

The following criteria and procedure will be applied in ALL cases:

**Attendance:** Athletic policies dictate that any student who is absent from school due to illness or is on a suspension status is ineligible to practice or participate in games on those days of absence. **Student athletes cannot miss more than (3) three Sunday classes per semester or they will be reported as ineligible to play sports.** The ineligible list due to absences will be reviewed monthly and reinstatements will be made based on future attendance and participation in class as determined by the Coordinator of Religious Education.

**Discipline:** Unacceptable behavior before, during and after Religious Ed classes will not be tolerated. Any behavior and/or class disruption issues will result in the student athlete being ineligible to participate in the St. Christina Sports Program. In these cases, the Coordinator of Religious Ed will meet with the parent/guardian to discuss the situation. Reinstatement will be made based on the student's cooperation, attitude and behavior. Chronic disciplinary situations will be referred to the judgment of the Pastor, Coordinator of Religious Education and the School Athletic Association Board.

**Academics:** Any student athlete who allows their grade, in any subject, to slip below a 70% average will be ineligible to participate in the sports program until they improve their grade to a passing mark. Being ineligible means the student is not allowed to play in or attend any practices or games until they are reinstated. The ineligibility period will begin each Monday and continue through Sunday evening. The following process for verification of academic eligibility must be followed for the student athlete's participation in the sports program.

Almost all of the public schools offer an online grade review features that allows parents/guardians to access student progress reports via the Internet at any time. A grading scale, indicating passing and failing grades, is included in the report. It will be the responsibility of the parent/guardian of the student athlete to print the progress report from the Internet every Friday after school and drop it off at the Rectory by Sunday night. Insert the report into the mail-slot at the back door of the rectory in an envelope marked to the attention of Mrs. Mary Stokes.

# St. Christina Athletic Association

## Athletic Eligibility/Disciplinary Policy & Agreement for Religious Ed Student Athletes in 4<sup>th</sup> thru 8<sup>th</sup> Grades - 2017-2018 School Year Continued

The progress report can only be dropped off to the Rectory. Do not hand to coaches, athletic coordinators, or anyone else. EVERY student athlete MUST turn in a weekly report. Failure to do so will result in the student athlete being ineligible to participate in practices and games for the full week (Monday through Sunday). Late reports will not be accepted.

Mrs. Stokes will identify any failing student athletes plus those that have not turned in a report, and submit the ineligibility list to the Athletic Association President by Monday morning. The AA President will notify AA coordinators of all ineligible student athletes for that week (Monday through Sunday).

Reinstatement into the sports program will take place when the following weeks progress report is provided to the rectory office on time and showing all passing grades.

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This policy and agreement must be signed by both the student and parent/guardian at Religious Ed registration or on the first day of Religious Ed class. This form must be on file in order for your child to participate as a student athlete.

*I have read and understand the 2017-2018 St. Christina Student Athlete Eligibility Policy and accept its terms and conditions.*

\_\_\_\_\_  
*Student Athlete Name (Print)*

\_\_\_\_\_  
*Parent/Guardian Name (Print)*

\_\_\_\_\_  
*Student Athlete Signature*

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

\_\_\_\_\_  
*2017-2018 Grade Level*

\_\_\_\_\_  
*Date*

# St. Christina Athletic Association

## Religious Ed Academic Eligibility Requirements

Student-Athletes of our Parish Athletic Program must meet our Academic Eligibility Requirements. The academic eligibility standards are the same for all student-athletes that participate in our sports program. The criteria applies to students in grades fourth through eighth (4<sup>th</sup>-8<sup>th</sup>). These students must maintain a passing grade in each subject. Any student-athlete who allows their grade, in any subject, to slip below a 70% average will be ineligible to participate in the sports program until they improve their grade to a passing mark. The ineligibility period will begin each Monday and continue through Sunday evening.

If your child is enrolled in our parish school, the principal will notify the Athletic Association of ineligible students on a weekly basis. If your child attends a public school, the following process for verification of academic eligibility must be followed for your child's participation in our sports program.

Public schools offer an online grade review features that allows parents/guardians to access student progress reports freely at any time. A grading scale, indicating passing and failing grades is included in the report. It will be the responsibility of the parent/guardian, of students choosing to participate in our sports program, to print their progress report information off of the computer every Friday after school and turn it into the rectory by Sunday night. If the rectory is closed, place it in an envelope marked Mrs. Mary Stokes and insert the envelope into the drop-box at the back door of the rectory. *(Two schools, that we are aware of, do not use this feature. Please see your coordinator for your specific instructions.)*

The Rectory is the **ONLY** place the progress report can be dropped off. Students **CANNOT** hand it into coaches, coordinators, R.E. teachers or anyone else.

**EVERY** student-athlete **MUST** turn in a weekly report. Failure to do so will make the student ineligible to participate in practices or games for the week. Late reports will not be accepted.

Mrs. Stokes will identify, based on the report provided, any failing student-athletes or those that have not turned in a report, and submit a list of names to the Athletic Association President by Monday morning, who will then in turn notify the AA coordinators of all ineligible student-athletes.

Reinstatement into the sports program is considered complete when the following week's progress report is handed in to the Rectory Office with all passing grades. The student can then return and participate with their team.

Please review all the information above and sign below, indicating you have read and understand the Academic Eligibility Policy. Please return the bottom portion only to your coach/coordinator. Keep the top portion to refer to periodically.

Sincerely,  
The St. Christina Athletic Association

<b>St. Christina Athletic Association - Academic Eligibility Requirement</b> <i>Please return this portion to coach/coordinator.</i>	
_____	
CHILD'S NAME (PRINT)	
_____	_____
PARENT/GUARDIAN SIGNATURE	DATE
<b>GO CARDINALS!</b>	