

5 Steps for Spring Sports Registration at Sacred Heart of Jesus

These steps must be completed before the first day of practice, March 5, 2012 or your child will be unable to practice with the team. Please print this entire document, complete and return.

NOTE: IF YOU PARTICIPATED IN A FALL and/or WINTER 2011 SPORT THROUGH SACRED HEART OF JESUS, YOU WILL ONLY NEED TO PAY THE PAY TO PLAY FEE IN STEP 1. YOU SHOULD HAVE ALSO COMPLETED STEPS 2, 3 AND 4 AND CAN GO DIRECTLY TO STEP 5.

Step1) Two checks made out to Sacred Heart of Jesus Athletic Club, or cash equivalent will need to be turned in with the COMPLETED paperwork

Check #1: Pay to Play Fee

Track and Field (grade 4-8) \$100

Baseball (grade 4-8) \$100

Fees Paid after February 28, 2012 will require an added \$25 late fee.

Check #2: Uniform Deposit

\$50

The uniform deposit will be collected ONE time per ATHLETE for the year. This check will not be cashed. At the completion of the athletic year, when your athlete's uniform(s) are returned, the check will be destroyed unless otherwise specified. The check will be cashed in the event that the uniform is not returned

Step2) Medical form 100% complete (Preparticipation Examination Form)

Your child should receive a physical using the form below

*All signatures on this form must be signed

Step3) Emergency Medical Authorization form 100% complete.

Use the form below

* All signatures on this form must be signed

Step4) Authorization to Photograph form complete (OPTIONAL)

We cannot post your child's picture on the website without this form below

Step5) Deliver/Mail all forms and the check or cash to:

Sacred Heart of Jesus Academy

Attention Athletic Club

4478 Rushton Road

South Euclid, OH 44121

YOUTH & YOUNG ADULT MINISTRY AND CYO OFFICE – CYO ATHLETIC PREPARTICIPATION FORM

(PLEASE TYPE OR PRINT)

STUDENT'S NAME _____ **BIRTH DATE** _____ **SEX** _____ **GRADE** _____

ADDRESS _____ **SCHOOL** _____

PARISH _____ **PARISH CITY** _____

PARENT/GUARDIAN(S) NAME _____ **EMAIL** _____

MOBILE/WORK TELEPHONE NO. _____ **HOME TELEPHONE NO.** _____

Carefully complete the following questions before your physical exam. Explain "YES" answers below. YES NO

1. Has this athlete ever had hospitalization, surgery, injury, serious medical or psychological illness?..... ___ ___
2. Is this athlete now under the care of a physician or taking any medication?..... ___ ___
3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports by this student?..... ___ ___
4. Does this athlete have any known allergies? (medication, pollen, food, stinging insects)..... ___ ___
5. Does this athlete wear glasses or contact lenses? Give date of last eye exam if "YES"..... ___ ___
6. Has this athlete ever blacked out, been knocked out, lost consciousness or been dizzy during or after physical activity? ___ ___
7. Has this athlete ever had racing of the heart, skipped heart beat or heart murmur? ___ ___
8. Has this athlete ever had a head injury or concussion?..... ___ ___
9. Has this athlete ever had a seizure?..... ___ ___
10. Does this athlete use special protective/corrective equipment that isn't usually used? (For example knee brace, ankle brace, foot orthotics, hearing aid, etc.) ___ ___
11. Does this athlete lose weight regularly to meet weight requirements for the sport?..... ___ ___

Explain any YES answers: _____

I/we, the undersigned consent to the participation of the above-named child in CYO athletics including practice sessions, scrimmages and athletic contests. In consideration of participation in these programs, and wishing to promote and benefit this non-profit cause, I/we, the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless the Catholic Charities Health & Human Services, Inc.(CCHHS), the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, sponsoring Catholic Parishes/Schools and any of their agents, representatives, employees, successors or assigns for my health, safety or any injury and/or disability arising out of or resulting from: (CHECK all programs that apply)

- CROSS COUNTRY FOOTBALL VOLLEYBALL SOCCER CHEERLEADING
 BASKETBALL WRESTLING BASEBALL SOFTBALL TRACK & FIELD

As a participant/parent in the program, I/we recognize and acknowledge that there are certain risks or physical injury and I/we agree to assume the full risk of any injuries, including loss of life, damages or loss which I/we may sustain as a result of participating in any and all activities connected with or associated with such program. The undersigned acknowledge that the participant has prepared for the sport in which participating by adequately conditioning and practicing. I/we hereby represent that I have no physical restrictions that would prohibit my participation in the sport that I have selected. The Youth & Young Adult Ministry and CYO Office has my permission to have a physician attend me if deemed necessary during my participation in this CYO program.

I/We also give permission and authorize CCHS, it agents, employees, successors and assigns to photograph or otherwise electronically or digitally record my image, or that of my child for which I am guardian participating in these athletic programs for the publication in printed or electronic form to be seen and disseminated to the general public in any media including CCHHS newsletter, poster, display, film, video or website.

I/we further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the CCHHS, Youth & Young Adult Ministry and CYO Office and its officers, agents, servants and employees from any and all claims resulting from injuries, including loss of life, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.

Participants Signature _____ Date _____
 Parent or Guardian Signature _____ Date _____
 Parent or Guardian Signature _____ Date _____
 This athlete has family medical insurance: YES NO If yes, the Child is covered by:
INSURANCE COMPANY: _____ **POLICY NO.** _____ **EFFECTIVE DATE:** _____

HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO PHYSICAL EXAM

STUDENT'S HEIGHT _____ **WEIGHT** _____ **BP** _____ **PULSE** _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Muscular skeletal			

OPTIONAL TESTS	
URINALYSIS	_____
ALBUMIN	_____
SUGAR	_____
MICRO (IF ABOVE TEST ABNORMAL)	_____
BLOOD COUNT (FOR FEMALES)	
HGB.	_____
OR	_____
HCT.	_____

*Station-based examination only. SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES ___ NO ___

RECOMMENDATIONS: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NOTE EXCEPTIONS IN RECOMMENDATIONS AREA)

PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S TELEPHONE NO. _____ **DATE** _____

EMERGENCY MEDICAL AUTHORIZATION

Student Name

Address

Telephone

NAME: _____
Last

First

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent or guardian) at _____ (phone number) have been unsuccessful, I hereby give my consent or: (1) the administration of any treatment deemed necessary by Dr. _____ (physician & phone number) or Dr. _____ (dentist & phone number), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date

Signature of Parent or Guardian

Address

DO NOT COMPLETE PART II IF YOU COMPLETED PART I PART II REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date

Signature of Parent or Guardian

Address

MU-SSM-12
Rev. 2009

BIRTHDATE: _____



Catholic Charities Health and Human Services

AUTHORIZATION TO PHOTOGRAPH & RELEASE

I, _____, residing at _____,
(Name of Party to be Photographed) (Address)

hereby give permission and authorize Catholic Charities Health & Human Services (hereinafter "CCHHS"), its agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image (or the image of the minor child for whom I am parent or legal guardian) for publication in printed or electronic form, and for my image (or that of my minor child) to be seen and disseminated to the general public in any media form, including, but not limited to a CCHHS newsletter, poster, display, film, video or website.

In consideration of my participation in a CCHHS program, and wishing to promote and benefit this non-profit cause, I hereby release and hold harmless CCHHS, any of its related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability for claims and demands arising out of the use of my image in any aforementioned media. I specifically waive any rights and claims that I may have or claim for privacy, invasion of privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages or other relief in law or equity.

I have read and fully understand the contents of this Authorization to Photograph and Release, and agree to the provisions contained herein.

IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

Witness

Name of Party Photographed or
Parent/Legal Guardian of Party Photographed

Date