



**PHYSICAL EXAMINATION FORM - ATHLETIC PARTICIPATION 2017-2018**

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

**STUDENT INFORMATION**

STUDENT'S NAME:				
ADDRESS:		CITY:	STATE:	ZIP:
DATE OF BIRTH:		PLACE OF BIRTH:		
AGE:	SEX:	GRADE:	HEIGHT:	WEIGHT:
SCHOOL:			CITY:	

**PHYSICIAN'S RECOMMENDATIONS AND EXAMINATION**

The above named student has been examined and there are no apparent restrictions to participation in interscholastic athletic activities except as follows:

<input type="checkbox"/> CLEARED WITHOUT RESTRICTION			
<input type="checkbox"/> CLEARED, WITH THE FOLLOWING QUALIFICATIONS:			
<input type="checkbox"/> NOT CLEARED <input type="checkbox"/> PENDING FURTHER EVALUATION <input type="checkbox"/> FOR ALL SPORTS <input type="checkbox"/> FOR CERTAIN SPORTS			
REASON:			
RECOMMENDATIONS:			
NAME OF PHYSICIAN (PRINT OR TYPE):			
SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP:			
ADDRESS/CLINIC:		CITY:	STATE:    ZIP:
TELEPHONE:		DATE OF EXAMINATION:	



### STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM 2017-2018

PARTICIPANT'S NAME:		
ADDRESS:		
CITY:	ZIP:	PHONE:
PARENT/LEGAL GUARDIAN:		
ADDRESS:		
EMPLOYER:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
OTHER EMERGENCY CONTACT PERSON:		PHONE:

#### MEDICAL INFORMATION

FAMILY PHYSICIAN:	PHONE:
GROUP/ADDRESS:	
HOSPITAL OF PREFERENCE:	

#### INSURANCE INFORMATION

SUBSCRIBER:	GROUP NUMBER:
POLICY NUMBER:	COMPANY:
PRE-EXISTING MEDICAL CONDITIONS:	

I authorize the coaching staff to provide emergency medical treatment of any 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 judgment may be deemed necessary in the care of (child's name) \_\_\_\_\_

PARENT/LEGAL GUARDIAN:	DATE:
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PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



ARCHDIOCESE  
of MILWAUKEE

Form  
6145.2(b)

**PARENTS AND/OR LEGAL GUARDIANS  
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM 2017-2018**

PARTICIPANT:		BIRTH DATE:
ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		

By signing below I/we give our child permission to participate in *all* St. Francis Borgia Catholic School sponsored sports for the 2017-2018 school year.

I/We will 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 our child's participation in the above listed sports and the potential injuries that may occur.

I/We will 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 SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:

My electronic signature on this form indicates my intent to adopt the content of this form and communicate such information and consent electronically to my parish/school.



Form  
6145.2(m)

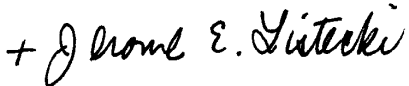
**PARENT/GUARDIAN SPORTSMANSHIP PLEDGE  
2017-2018**

**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 JEROME E. LISTECKI: 
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**STUDENT-ATHLETE SPORTSMANSHIP PLEDGE  
2017-2018**

**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 student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

STUDENT-ATHLETE:	PARENT(S) /GUARDIAN(S):
COACH:	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. ListECKi</i>

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



ST. FRANCIS BORGIA  
CATHOLIC SCHOOL

## St. Francis Borgia Athletic Contract 2017-2018

### I. Expectations of the Athlete.

- a. The athlete must show Christian actions before, during, and after practices and games.
- b. The athlete must be prepared to practice on time all the time.
- c. Absences from practice will only be excused when a school conflict is present or a family obligation needs to be met.
- d. The athlete must show cooperative behavior to all coaches.
- e. The athlete must be respectful and courteous of their coaches and teammates.
- f. The athlete realizes that alcohol and/or drug use will automatically suspend them from athletics for the rest of the year.
- g. The athlete understands that they are responsible for promptly returning the sports uniform in good condition at the end of the season. If they fail to return the uniform, they will pay the cost of its replacement.

### II. All Athletes are Students First.

- a. Academics come first. If a player feels overwhelmed with schoolwork, they are excused from practice. The parent of the student or the student must notify the coach before the practice they will be missing.
- b. In order for students to continue to participate in athletics, they must be in good academic and behavioral standing. Excessive missing assignments, low grades or poor behavior will result in an athletic suspension.

### III. The Parent's Role.

- a. The parent is to be supportive of the coach, the teachers, the referee, and their decisions.
- b. The parent is to encourage the athlete to contact the coach with questions or concerns.
- c. The parent is to understand that they have a volunteer responsibility to the SFB Athletic Program, which is separate from the annual overall school volunteer requirement.

We have read and agree to the Student-Athlete Contract.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my full name, I attest that this constitutes my legal electronic signature on this form.