



STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

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

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.



Form
6145.2(b)

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

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:		

My/our child wishes to participate in the sport(s) of (list all)

_____ during the _____ 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:

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



Form
6145.2(c)

PHYSICAL EXAMINATION FORM - ATHLETIC PARTICIPATION

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:		



PARENT AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed annually prior to participation in any sport.*

Parent Agreement:

I, _____ have **read** the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

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

Athlete Agreement:

I, _____ have **read** the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

ATHLETE SIGNATURE:	DATE:
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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**

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. Listecky</i>

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



Form
6145.2(m)

**PARENT/GUARDIAN
SPORTSMANSHIP PLEDGE**

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: <i>+ Jerome E. Listecky</i>
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ST. FRANCIS BORGIA
CATHOLIC SCHOOL

St. Francis Borgia Athletic Contract 2021-2022

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, or it is returned damaged, they will pay the cost of its repair or 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/guardian 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/Guardian's Role

- a. The parent/guardian is to be supportive of the coach, the teachers, the referees, and their decisions.
- b. The parent/guardian is to encourage the athlete to contact the coach with questions or concerns.
- c. The parent/guardian is to understand that they have a volunteer responsibility to the St. Francis Borgia 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: _____

Parent/Guardian Signature: _____ Date: _____