



**Archdiocese of Milwaukee
Student-Athlete/Parent/Guardian
Sportsmanship Pledge**

Medical Emergency/Risk Acknowledgement

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 and as a parent/guardian of an Archdiocese of Milwaukee student-athlete, we pledge to:

- Display Christian behavior at practices and games.
- Represent our parish and/or school to the very best of our 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.
- Be a positive role model for players, coaches and spectators.
- Provide encouragement and support for players and coaches.
- Promote good sportsmanship by my son/daughter.

We understand that we may not be able to attend activities if we do not display good sportsmanship. We understand that representing my parish/school is a privilege and I (athlete/student) may not be able to participate in activities if I (athlete/student) do not display good sportsmanship.

I/We (Parent(s)/Guardian(s)) realize that there are numerous risks involved in participating in the registered 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 with our child's participation in the registered sports and the potential injuries that may occur. I/We 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.

I authorize the coaching staff to provide emergency medical treatment of an 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(ren)'s name(s)) _____.

As a condition of our child's voluntary participation in St. Anthony sports, I/we (Parent(s)/Guardian(s)) agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Parents(s)/Guardian(s): _____ Date: _____

Student/Athlete (1): _____ Date: _____

Student/Athlete (2): _____ Date: _____

Student/Athlete(3): _____ Date: _____

Archbishop Jermone E. ListECKi: + Jermone E. ListECKi

