



St. Andrews Parish School

HOME OF THE SPARTANS

115 South 7<sup>th</sup> Street \* Delavan, WI 53115 \* 262-728-6211\* FAX 262-728-3683

## St. Andrew Athletics

Dear Parents of Students in Grades 5th, 6th, 7th & 8th,

Your 5<sup>th</sup>-8<sup>th</sup> graders are eligible to participate in all athletics for our school on any **SPARTAN Athletic TEAMS**. We have boys and girl's teams in all four grades. Some teams may be combined grade levels, depending on the number of participants. Volleyball and Soccer may start practices beginning in August. Winter and Spring Athletics info to follow at a later date.

**There are some requirements for participating in a St. Andrew School sponsored sport:**

1. Student Athletes are expected to participate in all practices and games unless excused by the coach.
2. Missing practices and/or games due to other Athletic (i.e. another sports league in the City, YMCA, or other during our season) conflicts may limit your child's playing time.
3. There is an academic eligibility requirement for all participating students. Please read the St. Andrew Co-Curricular / Athletics Guide for specific details.
4. Students must have a report of a physical by a licensed physician within the last two years before they can participate.
5. **All parents of players will be expected to volunteer during home sports games.** Volunteers are necessary to help set up the gym, sell concessions, work the score clock, keep the score book and help clean up. Parents will receive a copy of their assigned shifts before the start of the season. It is YOUR RESPONSIBILITY to find a replacement if you are unable to work your assigned shifts.
6. Parents will need to drive or arrange transportation to all away games.
7. **There is a fee of \$25.00 per player (or \$40.00 for two in the same family) per each Sport Season.** To help defray the cost of referees and other essentials for the sports program. Please do not let this fee keep a child from joining our teams. If your family needs assistance with the fee, please contact the school office and arrangements will be made.
8. **ALL Forms must be returned to Mr. Eric Gallagher (NOT to the coaches) before any child begins practice:**
  - Consent to participate form – required of every athlete, one per student
  - Medical Information and Emergency consent form – required of every athlete, one per student
  - Physical form – 5<sup>th</sup> & 7<sup>th</sup> graders.
  - Medical waiver form – only needed IF your child has a condition which could hinder her play or add physical risk to participation (i.e. asthma, heart, etc.)
  - Uniform agreement form
  - Parent/Guardian Sportsmanship Pledge and Student-Athlete Sportsmanship Pledge forms.
  - Parent/Athlete Concussion Acknowledgement form.
  - "Ticket to Play" form must be turned in with the above forms. Your child will NOT be able to practice if their coach does not have this form.

**PLEASE RETURN ALL FORMS AND THE ATHLETIC FEE(S) TO Mr. Gallagher by August 1st<sup>th</sup> for Volleyball.** Checks may be made out to St. Andrew Parish School. If you have any questions, please call the school office at 728-6211.

**GO SPARTANS!**

Randy Green, Principal and the Athletic Committee



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 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 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.



### 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:
------------------------	-------

PARENT/LEGAL GUARDIAN:	DATE:
------------------------	-------

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

Dear St. Andrew Sports Parent,

Your Student has joined a Spartan Sports team and will be issued an Athletic Uniform. Each item will be returned to their Coach at the end of the sport season they are in.

Please fill in the required information below, and sign the agreement for use of the uniform.

GO SPARTANS!

Eric Gallagher, Spartan Athletic Director

---

My child (name) \_\_\_\_\_ Grade \_\_\_\_\_

I agree to pay a fee of \$30.00 for each article of my child's uniform that is not returned by the end of my child's sports season.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

*\*HELPFUL CARING INSTRUCTIONS: Turn items inside out and wash in cold water. Hang dry is preferred. Otherwise use LOW HEAT. Thank you in advance for your consideration.*

*The Athletic Committee*



**ARCHDIOCESE  
of MILWAUKEE**

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:

**ARCHDIOCESE OF MILWAUKEE  
MEDICAL WAIVER AND RELEASE FORM**

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I/We have been informed by \_\_\_\_\_ that my/our son/daughter  
(Doctor)  
possesses the following medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This condition existed prior to the date of his/her participation in the following sport:

\_\_\_\_\_. A medical examination has been completed by  
\_\_\_\_\_ of \_\_\_\_\_.  
(Doctor)

who has explained the consequences of participation in the stated sport. Nevertheless, I/We desire to continue to have my/our son/daughter participate in the sport and assume all the risks associated with the medical condition including further deterioration and/ or aggravation of the condition. Therefore, I/We hereby waive and release the school St. Andrew Parish School, it's coaches and the archdiocese of Milwaukee from any and all liability/responsibility connected with participation in the stated sport.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

# St. Andrew Athletics "Ticket to Play" Check-List

(To be checked by Athletic Director)

- \_\_\_\_\_ Consent to participate form - required of every athlete, one per student.
- \_\_\_\_\_ Medical information/Emergency consent form - required of every athlete, one per student.
- \_\_\_\_\_ Physical form - 5<sup>th</sup> & 7<sup>th</sup> graders (6<sup>th</sup> & 8<sup>th</sup> graders if you did not have a physical last year).
- \_\_\_\_\_ Medical waiver form - only needed if your child has a condition that could hinder her play or add physical risk to participation (i.e. asthma, heart, etc).
- \_\_\_\_\_ Uniform agreement form
- \_\_\_\_\_ Parent/Guardian Sportsmanship Pledge
- \_\_\_\_\_ Student-Athletic Sportsmanship Pledge forms.
- \_\_\_\_\_ Parent & Athletic Concussion Acknowledgment Form.
- \_\_\_\_\_ Athletic Season Forms Waiver (previously played sports)

ATHLETE NAME \_\_\_\_\_ (print)

GRADE \_\_\_\_\_ SPORT \_\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_

--

St. Andrew Parish School  
Athletic Department - **FORMS WAIVER**

**Forms on File**

Please use this sheet if your child played Volleyball, Soccer, Basketball this year and has already turned these forms into the school.

My child \_\_\_\_\_ played Volleyball, Soccer, Basketball this year and has turned in the following forms:

- Consent to participate form
- Physical form
- Medical waiver form
- Parent/Guardian Sportsmanship Pledge form
- Student-Athlete Sportsmanship Pledge form
- Concussion acknowledgement form

I understand that I do not need to fill out the above forms again, as I had already done that for Volleyball, Soccer, and/or Basketball.

**I am returning the Medical/Emergency consent form, the uniform agreement, and my registration fee for the upcoming season.**





ARCHDIOCESE  
of MILWAUKEE

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>
-------------------------	---

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. ListECKI</i>

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



**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:
----------------------------	-------

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:
--------------------	-------

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