

ARCHDIOCESE OF MILWAUKEE

Student Athlete - Medical Information & Emergency Consent Form

Participant's Name _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

Other Emergency Contact Person _____ Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Pre-existing Medical Conditions: _____

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 judgement may be deemed necessary in the care of (child's name) _____

Parent / Legal Guardian Date

Parent / Legal Guardian Date

ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____

Address _____

1) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My/our child wishes to participate in the sport(s) of (list all)
_____ during the _____ school year.

I/We 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 with our child's participation in the above listed 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.

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 Date

Parent/Legal Guardian Date

**ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION
FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC
ATHLETICS - BOYS AND GIRLS**

*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name: _____
Last Middle Initial First

Place of Birth (City, St.) _____ Age: _____ Sex _____

Date of Birth: _____ Weight: _____ Height: _____

Grade _____ School: _____ City: _____

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

Sports or school activities in which this student cannot participate are (if none - write NONE):

*If approved for only one year of competition, check here. _____

Signature of Licensed Physician or Surgeon: _____
(print or type)

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Examination: _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.

ARCHDIOCESE OF MILWAUKEE
COACHES AGREEMENT

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Date of Birth: _____
_____ Social Sec. Number _____

Coaching Experience: Sport(s): Dates:

Are you certified as a coach or referee in any sport? _____
if yes, what? _____
when? _____

Have you undertaken a "coaching" seminar or course? _____
if yes, where & when: _____

Are you First-aid/CPR/AED certified? _____

Do you maintain a valid Wis. Drivers license? _____ License #: _____

Have you incurred any traffic citations in the last three years? _____
if yes, what & when: _____

Have you ever been convicted of, or pled guilty, or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance) or are you now subject to a pending criminal charge?
___ Yes ___ No If yes, describe in detail on a separate piece of paper.

I _____ wish to participate in the sport of _____
_____ as a coach or coaches' assistant. I have reviewed the Archdiocesan rules and regulations for the previously mentioned sport and agree to abide by them.

I certify that the information provided by me above is true and complete to the best of my knowledge. I understand that if I am accepted as a coach, any false statements or omissions may lead to termination of my duties, and I agree that the parish/school shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

I authorize the parish/school to verify the information stated above by means of a criminal records check. I agree to follow the policies of the Archdiocese and the parish/school, and I pledge to join with the church in its efforts to provide a safe and secure environment for our children and youth.

Signature

Date

ARCHDIOCESE OF MILWAUKEE
Athletic Regulation Complaint Form
Policies & Regulations 6145-6145.28

Complaints regarding non-compliance of athletic regulations must be made in writing within 10 business days of knowledge of the incident. Complaints must be on the standard Archdiocesan form, made to the local school/parish or league level first. All responses to complaints must be finalized and written within 10 business days upon receipt of complaint.

At the local level the school/parish addresses the issue and takes action/imposes sanction as appropriate.

At the league level, the League/Conference addresses complaints referred to it and imparts appropriate sanction. Local school/parish, league members, the Archdiocesan office, and the complainant will be notified upon resolution.

Only when resolution of a complaint cannot be reached at the school/parish level or the league level will the complaint be accepted by the Archdiocese. Archdiocesan officials, upon consultation with the Sanctions Committee of the Youth Athletic Advisory Board, will review the complaint issue and apply appropriate sanctions. School/parish officials, league officials, and the complainant will be notified upon resolution.

Policy/Regulation Number (If Known) _____

Complaint/Violation (Please Describe)

Person/Team Involved _____

Grade _____ Sport _____ League _____

School/Parish _____ City/Town _____

Address _____

Place of Violation _____ Time/Date _____

Date of Filing _____

ARCHDIOCESE OF MILWAUKEE
Athletic Regulation Complaint Form
Policies & Regulations 6145-6145.28

Submitted by:

Name _____ Phone _____

Position _____

School/Parish _____

Address _____ City/Town _____ Zip _____

Resolution of Complaint

Signature

Signature

Copies Sent to:

Team Merger Request

This letter is to confirm our request to have an official merger of our teams because we have a shortage of players in order to participate in the _____ league. We have completed the checklist locally and have secured the necessary approvals for this merger.

Sport: _____ *Season/Year:* _____

Grade: _____ *Gender:* *Boys* *Girls*

Schools/Parishes Involved:

Checklist	Yes	No	N/A
<i>The principals of all schools are in agreement.</i>			
<i>The pastors of all parishes are in agreement.</i>			
<i>The athletic directors/coordinators are in agreement.</i>			
<i>The parishes are geographically compatible. *</i>			
<i>All children in affected grade(s) have been contacted and will be allowed to participate.</i>			

*Any special circumstances? Please explain:

<i>Pastor</i>	<i>Parish</i>
<i>Pastor</i>	<i>Parish</i>
<i>Principal</i>	<i>School</i>
<i>Principal</i>	<i>School</i>
<i>League Approval</i>	<i>Date</i>

This form is to be sent to the appropriate contact person of the athletic league with which the schools/parishes are affiliated. A copy of the form should also be sent to:

Brenda White, Archdiocese of Milwaukee
 Office for Schools
 PO Box 070912
 Milwaukee, WI 53207

TEAM ROSTER

League _____ Sport _____

Parish/School _____ Team Name _____ Team Colors _____

Name: _____ Head Coach _____ Assistant Coach _____

Address: _____

Phone: _____

Boys <input type="checkbox"/>	5 th <input type="checkbox"/>
Girls <input type="checkbox"/>	6 th <input type="checkbox"/>
	7 th <input type="checkbox"/>
	8 th <input type="checkbox"/>

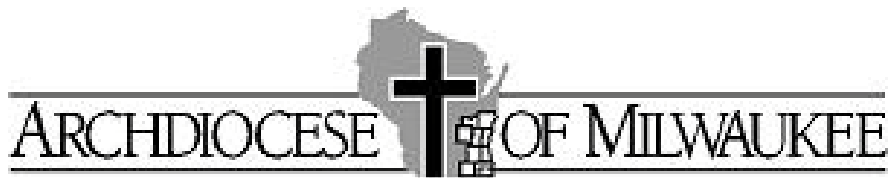
Name	Address	City/Zip Code	Birth date	School	Was this player on the team last year?
1. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. _____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics

Coach's Signature _____ Date _____ Athletic Director Signature _____ Date _____

Pastor/Principal Signature _____ DRE/CYF _____ Director Signature _____ Date _____

Form approved: 5/4/2004 Form 6145.2(h)



Archdiocese of Milwaukee
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

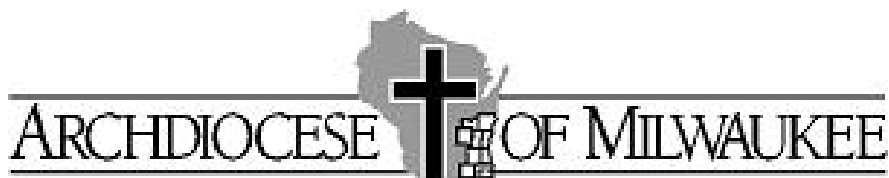
Parent(s) /Guardian(s)

+ Jerome E. Listecki

Coach

Archbishop Jerome E. Listecki





Archdiocese of Milwaukee
Coach
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 coach 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.
- Be a positive role model for all players, coaches and spectators.
- Provide encouragement and support for my players.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my players and their family members.
- Take responsibility for my actions.

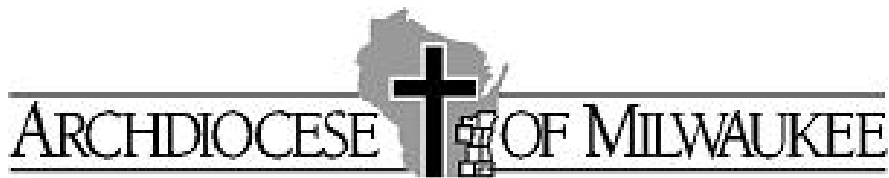
I understand that representing the Archdiocese of Milwaukee and my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

+ Jerome E. Listecki

Coach

Archbishop Jerome E. Listecki





**Archdiocese of Milwaukee
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.

+ Jerome E. Listecki

Parent(s) /Guardian(s)

Archbishop Jerome E. Listecki





Student Transfer Waiver Form

Date _____

This letter is to confirm our request for a waiver of Archdiocese of Milwaukee Athletic Regulation 6145.2(30).

_____ Parish/School requests a player's waiver in the name of the following student athlete: _____, who entered the school/religious education program for the _____ school year.

This section to be completed by the parent:

The transfer to the new school/religious education program was for the following reason:

_____ Parent signature

This section to be completed by parish/school personnel: -----

We support this request to allow for an athletic waiver.

_____	Pastor	_____	Pastor
_____	Principal/DRE	_____	Principal/DRE
_____	Athletic Director	_____	Athletic Director
_____	League Director	_____	League Director

This form is to be sent to:

Brenda White, Archdiocese of Milwaukee, P.O. 070912, Milwaukee, WI 53207-0912



Form
5141(a)
6145.2 (k)

Coaches' Concussion Acknowledgement Form

As a coach 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 concussions and head injuries per the guidelines set forth by the Wisconsin State Statute 118.293.

Coaches' Agreement:

I, _____, have read the Concussion Fact Sheet for Coaches and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

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

Coach

Signature: _____ Date: _____

Sport: _____

School: _____

Team/League: _____

Grade Level: _____



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 for every sports season and every youth athletic organization the athlete is involved with.*

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 _____

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 _____