

**Saint Rose of Lima Catholic School Athletic Department
Sports Registration Form**

Office Use Only

Name _____

Grade _____ Date _____

In season of participation

Amount	_____
Check #	_____
Date	_____

Your child has joined our _____ team. Please make a check or money order **payable to Saint Rose School** to help defray the costs of entry fees to the C.A.A. as well as other costs for equipment, coaching fees, etc. Payment must accompany your child's completed forms and is due by the Friday sign-ups end. At the end of the season it is asked that you return the laundered uniform to our Athletic Director.

Athletic Fee = \$50 per student athlete

**Saint Rose of Lima Catholic School
Athletic Policy and Funding Procedures**

1. Athletic Policy

Our school's objective is the attainment of a well-rounded education with the primary objective being the development of strong academic skills. We are also aware of the necessity of a well-rounded athletic program and the part it plays in a student's overall development. Athletics will at no time take priority over academic obligations. Consult the current Handbook for specific policy/rules.

2. General Rules

- a. Each sport will require a minimum number of players from a grade for a grade level team to be formed. If not enough students from a grade register grades may be combined to form team, in which case tryouts for younger players to play up a level may be necessary. The athletic director, in consultation with the principal, has the discretion to allow 4th grades to fill out teams as is needed.
- b. 7th and 8th graders will be able to try out for their grade level A or B team. Teams will be selected by the Athletic Director and others as chosen by the Athletic Director.
- c. If possible, 5th and 6th grade students will play on their grade level team. Coaches will divide teams as deemed equitable. The Athletic Director will make final decisions if necessary.
- d. When deemed necessary to limit the number of participants of a team, the selection of participants is at the discretion of the coach (and Athletic Director).
- e. Uniforms will be handed out by the Athletic Director at the beginning of the season. These uniforms must be returned clean at the end of the season. Report cards are held until uniforms are returned.
- f. Disciplinary action regarding sports due to behavior and/or school work will be at the discretion of the principal. Detentions could warrant game and/or practice suspensions.
- g. Games times will be between 4:00 and 7:30 PM.

* **Fall Season:** First day of school-October 31st **Winter Season:** November 1st-March 31st **Spring Season:** April 1st-Last day of school

**Parent/Guardian Authorization
Medical Consent Form**

Name _____ Age _____

Address _____

School St. Rose of Lima Catholic School Grade _____

Parent Name _____ Home Phone _____

Work Phone _____ Cell _____

Email _____

Parent Name _____ Home Phone _____

Work Phone _____ Cell _____

Email _____

Allergies or other known diseases, disorders, or disabilities: _____

Medication _____ Mg. _____ Times/Day Doctor's Name _____

Doctor's Phone _____

Medication _____ Mg. _____ Times/Day Dentist's Name _____

Dentist's Phone _____

Preferred Hospital _____

For Parent(s)/Guardian(s)

I give my permission for my child to take part in _____. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, St. Rose of Lima Parish, St. Rose of Lima Catholic School, its agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of St. Paul and Minneapolis, St. Rose of Lima Parish, St. Rose of Lima Catholic School, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of this activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

There is no medical insurance provided by the parish or the Archdiocese. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature _____ Relationship _____

Date _____

Incase of injury or illness, contact: _____

Phone _____

The following are special circumstances regarding my child you should be aware of: (use back if necessary)