

# ST. PIUS ATHLETE & PARENT COMMITMENT FORM

## PENINSULA PARISH SCHOOL LEAGUE (www.ppsl.info)

School Year 20\_\_\_\_/ 20\_\_\_\_

**Activity/Sport:** Volleyball \$100      Baseball \$100      Basketball \$100      Track \$65      Cheerleading \$0  
(Please circle the appropriate activity/sport)

**Uniform Size:** Youth Small   Youth Med   Youth Large   Youth X-Large   Adult Small   Adult Med   Adult Large  
(Please Circle)

**There will be a \$25.00 late fee (pending athletic board approval) if turned in after registration date deadline.**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level (at the time of this sport) \_\_\_\_\_

School of Attendance \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

P/G Home# \_\_\_\_\_ P/G Cell# \_\_\_\_\_

**Parent E-mail Address:** \_\_\_\_\_

**NOTE: Email is our main method of communication between coaches and participants' families, so please print clearly.**

**EMERGENCY CONTACT:** \_\_\_\_\_ **Home/Cell#** \_\_\_\_\_

I, the parent/guardian of the above-named Child, hereby, request that he/she participate in the activity named above. I agree to direct my child to cooperate and conform to the directions and instructions of the parish, school or Archdiocese personnel responsible for the activity. I agree, to the extent permitted by law, that in the event that my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocese youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

**I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity.**

**My child has a medical condition(s), which may render it inappropriate for him/her to fully participate in any such activity. I feel the coaching staff should be aware of these conditions and I realize any conditions listed may cause my child to be ineligible for the activity. These conditions are:**

**My child has Allergies (nuts, chocolate, dairy, etc.):** \_\_\_\_\_

I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present, if any, to render medical treatment deemed necessary and appropriate by the physician.

**I fully understand that this is a firm commitment and that he/she must attend all practices and league games unless excused by his/her Head Coach. I also understand that if my son/daughter decides to drop this sport after this form has been submitted**

- 1. He/She will not be allowed to participate in this sport the following year**
- 2. The fees paid for this sport will be forfeited. PAYMENT DUE WITH THIS FORM**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN OVER FOR CODE OF ETHICS/CODE OF CONDUCT THAT REQUIRES THE SIGNATURES OF THE PARTICIPANT AND PARENT.**

**INCOMPLETE FORMS WILL BE RETURNED!**

## CODE OF ETHICS FOR PARENTS AND ATHLETES

It is the duty of all involved with St. Pius Parish Athletics to embody the proper ideals of sportsmanship, ethical conduct and fair play. Athletes and parents are expected to respect the integrity and judgment of the officials and coaches, to show courtesy to visiting teams, and to recognize that an athletic contest is only a game, the purpose of which is to promote the physical, mental, moral, social and emotional well-being of the individual athletes.

### ATHLETE'S CODE OF CONDUCT

- 1) I will honor my commitment to my team by attending all scheduled practices and games in a timely manner, and will put forth my best possible effort. I understand that I may miss playing time in any game if I miss practices or arrive late on game day. I further understand that a lack of attendance or chronic tardiness may result in my ineligibility as a player (i.e. Drop Status from the team and resulting in PPSL and Parish ramifications).
- 2) I will personally notify my coach, in advance, if I am unable to attend a practice or game.
- 3) I will demonstrate my respect for teammates, coaches, opponents and officials through my actions and words.
- 4) I will respect the integrity of the game by learning and following the game rules.
- 5) I will listen to and respect my coach, who is the instructional authority for my team.
- 6) I will return (undamaged) uniform at the conclusion of my sport season. I understand there will be a \$75.00 fee if I fail to do so.

### INFRACTIONS OF THE "ATHLETE'S CODE" WILL JEOPARDIZE MY ATHLETIC ELIGIBILITY

Athlete's Name (please print) \_\_\_\_\_ Athlete's Signature \_\_\_\_\_

### PARENT'S CODE OF CONDUCT

- 1) I will honor my child's commitment to his/her team by ensuring that he/she attends all scheduled practices and games in a timely manner. I understand that my child may miss playing time in a game if he/she misses practices or arrives late on game day. I further understand that a lack of attendance or chronic tardiness may result in player ineligibility (i.e. "Drop Status" from the team and the resulting PPSL and Parish ramification).
- 2) I will ensure my child or I will personally notify his/her coach, in advance, if my child is unable to attend a practice or game.
- 3) I will also exercise good sportsmanship and ethical conduct.
- 4) I will comply with the Archdiocese of San Francisco "Code of Christian Conduct" in the St. Pius School Parent-Student Handbook.
- 5) I will respect the judgment of the coach, who is the instructional authority for my child's team.
- 6) I will remain in the spectator area during games. I will not coach my child from the sidelines.
- 7) I will direct constructive criticism to the commissioner of the sport.
- 8) I will be a positive force by showing interest, enthusiasm and support for my child's team.
- 9) I understand there will be a \$75.00 charge for unreturned or damaged sport uniforms.
- 10) I understand that if I fail to attend mandatory sport meeting my child will be ineligible to participate in his/her first game.

### INFRACTIONS OF THE "PARENT'S CODE" WILL JEOPARDIZE MY ATTENDANCE AT FUTURE PARISH ATHLETIC FUNCTIONS AND POSSIBLY MY CHILD'S ELIGIBILITY

**Parent Involvement Pledge:** Our Athletic Program requires a large commitment from our parent volunteers, which include coaches, assistants, and athletic board members. To help with this workload, we require that all parents, whose child (or children) participates in a sport, volunteer at least one (1) hour per child during that particular sport season. Such volunteer opportunities may include but not be limited to: coaching, clock/scorekeeping, working snack shack, lining fields, line officiating, and/or other designated sport-related activities.

Print Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## **St. Pius School & Parish - Concussion Information Sheet**

### **WHAT IS A CONCUSSION?**

#### **WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?**

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

#### **Signs Observed by Parents or Guardians**

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to or after hit or fall

#### **Symptoms Reported by Athlete**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

#### **HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?**

Every sport is different, but there are steps your children can take to protect themselves from concussion.

Ensure that they follow their coach's rules for safety and the rules of the sport.

Encourage them to practice good sportsmanship at all times.

Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion.

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.
- **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.

Any athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

***I have read and understand the information on the St. Pius School & Parish Concussion Information Sheet***

## LET YOUR CHILD'S COACH KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION!

*Adapted from the CDC. For more information you can go to: <http://www.cdc.gov/ConcussionInYouthSports>*

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Name Printed \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Name Printed \_\_\_\_\_