



Saint Zachary Catholic School

Building a Foundation for Faith, Family, and Academics.

Saint Zachary Athletics Registration Form 2018 - 2019 SEASON

PLEASE PRINT NEATLY IN CAPITAL LETTERS

Last Name: _____ First Name: _____

Grade: _____ Gender: M / F (circle one)

Home Phone # _____ Parent/Guardian Cell # _____

Parent/Guardian E-mail Address (**required**): _____

*** Check the sport(s) your child would like to participate in:

<u>SPORT</u>	<u>GRADES</u>	<u>FEES</u>	<u>AMOUNT</u>
_____ BOYS VOLLEYBALL	4 th – 8 th	\$50	_____
_____ GIRLS VOLLEYBALL	4 th – 8 th	\$50	_____
_____ BOYS BASKETBALL	4 th – 8 th	\$50	_____
_____ GIRLS BASKETBALL	4 th – 8 th	\$50	_____
Volleyball Season Home Game Family Pass		\$15	_____
Basketball Season Home Game Family Pass		\$15	_____
Total Amount Due			_____

*** **FEES MAY BE PAID:** (Please check one method)

Directly to Saint Zachary Sports Council

Billed through FACTS

UNIFORM DEPOSIT: Uniform Deposits should be submitted separately by check and made payable to: Saint Zachary Sports Council. Deposit checks will be held and returned once uniforms have been handed in at the end of each season.

Volleyball Uniform Deposit \$25

Basketball Uniform Deposit \$25

REGISTRATION FORMS MUST BE RETURNED TO SCHOOL

For questions or additional information, please contact saintzacharysports@gmail.com

*** For School Use Only ***

Check # _____

Pre-Participation Exam Form _____

Concussion Form _____

CBC/Minor Form: _____

Emergency Form: _____

Player Contract: _____



Saint Zachary Athletics EMERGENCY INFORMATION FORM

Athlete Info	Athlete's name: _____ Age: _____ Grade: _____
	Address: _____
	Phone: _____
	Sports: _____

Parent Info	Parent or Guardian's name: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____
	Parent or Guardian's name: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contacts	List two emergency contacts		
	Name: _____	Relationship: _____	Phone: _____
	Name: _____	Relationship: _____	Phone: _____

Insurance	Insurance Company: _____ Policy Number: _____
	Physician's Name: _____ Phone Number: _____

Medical History	Are you allergic to any medications/drugs? _____ If so, what? _____
	Do you have any other allergies? (i.e. bee stings, dust): _____
	Do you suffer from: Asthma _____ Diabetes _____ Epilepsy _____
	Are currently taking medication? _____ If so, what? _____
	Do you wear contacts or glasses? _____
Other: _____	

Parent/Guardian Signature	Date
* * * * *	* * * * *

For St. Zachary School Use Only



Saint Zachary Athletics PLAYER CONTRACT

I will attend every practice and game that I can, and will notify my coach when I cannot attend.

I will encourage good sportsmanship from fellow players, coaches, officials, parents, and opponents at every game and practice by demonstrating good sportsmanship myself.

I will do my very best to listen and learn from my coaches.

I will treat my coaches, other players, officials, and opponents with respect regardless of race, gender, creed, or abilities and I will expect to be treated accordingly.

I will do my very best in school, as schoolwork is my first priority.

I will be on time to all practices and games, as it is inconsiderate to my teammates and coaches to be late.

I will remember that sports participation is an opportunity to learn and have fun.

I understand that as a member of St. Zachary athletic program, I will be held to academic and behavior standards.

I will be respectful of other teams and their facilities while visiting, knowing that I am not only representing myself and my team, but St. Zachary School, as well.

I understand that failure to comply with this player contract may lead to disciplinary action being taken against me. Such disciplinary action may include loss of opportunities to participate in the program.

Player's signature: _____

Parent's signature: _____

Date: _____

CHILD/MINOR ACKNOWLEDGEMENT FORM

Athletic Program: **SAINT ZACHARY SCHOOL**

School Year: **2018-2019**

The Catholic Bishop of Chicago (CBC) and **SAINT ZACHARY** Parish are committed to conducting programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and Parish insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC and the Parish does not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or the Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor/child/ward may sustain as a result of participating in activities connected with this program. I am responsible for the transportation of my child/ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and the Parish and is my voluntary undertaking. While using my personal vehicle to and from parish/school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State and local laws; during the event(s) and to and from the event(s) I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and the parish from claims resulting from injuries (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or parish officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree

I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

Parent/Guardian Signature Date

Parent/Guardian Name

Child/Minor/Ward Name

Address

Home Telephone Work Telephone

STUDENT ATHLETE CODE OF CONDUCT

School Name: **SAINT ZACHARY SCHOOL**

School Year: **2018-2019**

The purpose of the following Student Athlete Code of Conduct is to help define appropriate actions and behaviors that support the mission of the athletic program. All participating student athletes should read, understand, and sign this form prior to participation.

Any student athlete who does not follow the guidelines below may be suspended or expelled from the athletic program.

As a student-athlete, I therefore agree to the following:

1. I will play the game for the game's sake.
2. I will be generous in winning and graceful in losing.
3. I will display good sportsmanship and respect towards all opponents.
4. I will work for the good of the team.
5. I will accept the decisions of the officials gracefully.
6. I will conduct myself at all times with honor and dignity. This includes during and after school, games, practices, and trips to other schools and facilities.
7. I will recognize, applaud, and encourage the efforts of my teammates and opponents.
8. I will show respect for my coaches.
9. I will show respect towards fans and personnel from other schools.

Athlete's Name

Athlete's Signature

Date

SPORTS PARENT/GUARDIAN CODE OF CONDUCT

School Name: **SAINT ZACHARY SCHOOL**

School Year: **2018-2019**

The purpose of the following Sports Parent/Guardian Code of Conduct is to help define appropriate parental/guardian actions that support the mission of the athletic program. Parents/guardians should read, understand, and sign this form prior to participation.

Any parent/guardian who does not follow the guidelines below will be asked to leave the sports facility and be suspended from the privilege of attending games.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these pillars of character.

As a parent/guardian, I therefore agree to the following:

1. I will not force my child to participate in sports.
2. I will remember that the game is for youth, not adults.
3. I will learn the rules of the game and the policies of the league.
4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy towards all players, coaches, officials, and spectators at all games and practices.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct (booing, taunting, etc.) or any other form of harassment towards any official, coach, player or parent.
6. I (and my guests) will not use any profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials, and spectators with respect.
10. I will teach my child the importance of hustle, playing fairly, and doing one's best.
11. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
12. I will emphasize the importance of skill development over winning and losing.
13. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my own child.
14. I will respect the officials and their authority during games, and will never publicly question their decisions.

15. I will respect the coaches for the time they donate, and I will never publicly confront, question, or criticize them.

16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.

17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches for the team.

Athlete's Name

Parent/Guardian Signature

Date



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
 Last First Middle

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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

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
- Just not “feeling right” or is “feeling down”



SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- 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 mood, behavior, or personality changes

[INSERT YOUR LOGO]



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

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

1. **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 regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**
Concussions take time to heal. Don't let your child return to play the day of the injury and 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. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- 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. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays in coordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness 	

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.