

ATHLETICS CHECKLIST

Check list to be completed prior to participation in St. John's Athletics:

- ✓ Medical History
- ✓ Physical (from physician)
- ✓ St. John's School Waiver and Emergency Consent Form
- ✓ Athletic Code of Conduct
- ✓ Athletic Department Transportation Permission and Release Form
- ✓ St. John's Athletic Discipline Policies
- ✓ Uniform agreement
- ✓ \$45 Athletic Fee (checks made out to St. John's School)

Please complete all of the items on the checklist and return completed packets to the specific coach or Athletic Director, Jen Henderson. Thank you for your cooperation parents. We look forward to having your child represent St. John's through our athletics program. 😊

Medical History

Sport _____	Year _____		School _____
Student's Name (Last, First, Middle) _____	Sex _____	Age _____	Date of Birth _____
Male Parent/ Guardian _____	Home Phone _____	Cell Phone _____	Work Phone _____
Female Parent/Guardian _____	Home Phone _____	Cell Phone _____	Work Phone _____
Student's Address (Street, City, Zip Code) _____	Student's Home Phone Number _____	Student's Cell Phone _____	
Emergency Contact (Other than Parent) _____	Relationship _____	Phone # 1 _____	Phone # 2 _____

MEDICAL HISTORY

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student and submitted to their athletic trainer or coach *prior to their participation in any practice, before, during, or after school (both in-season and out-of-season) or games/matches*. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Explain "Yes" answers on an additional sheet. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____ When was the last concussion? _____			15. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			16. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Females Only</i>		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	17. When was your first menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions five above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary.)		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

13. Have you ever gotten unexpectedly short of breath with exercise? Yes No

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains:

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____ , ____ / ____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *Local district policy may require an annual physical exam.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearances			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (Males only)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

Cleared

Cleared after completing evaluation/rehabilitation for:

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. 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 _____

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Allantoaxial instability		
X-ray evaluation for allantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin • HSV lesions suggestive of MRSA, linea corporis			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

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

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

St. John School
Waiver and Emergency Consent Form

Student Information

Student Name _____ Date of Birth _____ Grade _____

Home Address _____

Home Phone _____

Student's Physician _____ Phone _____

Medical Conditions: _____

Allergies or Medication Currently Taken: _____

Parent Information

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone/Beeper _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone/Beeper _____

Emergency Contact _____

Phone _____

Student's Health Insurance Information:

Insurance Company Name: _____

Policy Holder: _____

Policy # _____

Phone # _____

I hereby give my consent for the above named student to participate in the athletic activities offered at St. John School. I give my consent for the student to accompany the school team on local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the above-named student due to injury sustained while participating in the athletic activities of the school. I also agree not to hold the school, or anyone acting in its behalf, responsible for any injury happening to the student in the course of such athletic activity or such travel.

Parent/Guardian Signature _____ Date _____

ST. JOHN CATHOLIC SCHOOL ATHLETIC CODE OF CONDUCT

St. Johns Catholic School provides an athletic program for the benefit of the St. Johns students. We believe that participation in a competitive athletic program can provide students an opportunity to learn responsibility, dedication, leadership, hard work, respect for rules, and respect for authority, as well as other positive qualities.

Regulations are established to promote these qualities and to help build and maintain a strong athletic program. It is recognized that some of the expectations for student/athletes exceed the expectations for the general student body. Athletes are expected to follow, all athletic policies set by the athletic department and the St. Johns School campus rules and policies. Violations of any of these rules will result in corrective and/or disciplinary action. The facts and circumstances will be taken into consideration when determining what actions will be taken. Students can be dismissed from the athletic program for violation of the following rules.

1. Athletes are expected to maintain a favorable attitude and proper conduct. If the attitude and conduct of an athlete become a detriment to the program, the athlete can be dismissed from the program.
2. If an athlete is to miss a practice, meeting, or contest, he or she must notify the coach in advance. All appointments should be made on your time, not our time. First offense will result in disciplinary actions.
3. Always be on time to classes, meetings, practice, etc. Tardies will not be tolerated. First offense will result in disciplinary action.
4. Dress for athletes will conform to the standards set by the School Board, Athletic policy.
 - **General:** No hats or head gear of any kind. Shirts must be tucked in or 2 inches below the waist band on the pant. No tattoos.
 - **Males:** Hair should not extend from the head more than two inches or over the eyebrows. Should not be lower than the earlobes. Should not be below the top of the collar of a normal dress shirt. Body piercing – which includes earrings – will not be allowed.
 - **Females:** Extreme hair cuts or hair colors will not be allowed. Body piercing (except for earrings) will not be allowed. Clothes should be presentable for an educational environment. First offense will result in disciplinary action.
5. You are responsible for returning all issued equipment and taking care of all the athletic facilities.
6. Profanity will not be tolerated. First offense will result in disciplinary action.
7. All decisions concerning an athletic team will be based first on what is best for the team and then what is best for the individual.
8. Hazing, initiation, or any "rites of passage" will not be tolerated in any way, shape, or form. Both the School Administration and the Athletic Department will discipline any athlete involved in such actions.
9. If at any time an athlete quits or is dismissed from the team in or out of a season, he/she gives up all rights to any honors he/she has earned but not yet received. If an athlete quits, he/she must complete the following procedure:
 1. Meet with the head coach of that sport.
 2. Convey to his/her parents so that they fully understand that he/she is quitting the program and the circumstances associated with quitting the program. A letter must be submitted by the parents.
 3. He/She forfeits the right to participate in that sport or any other sport until that current season is over.
11. An athlete cannot participate in more than one sport at a time unless that sport season starts at the same time and all parties involved agree upon it.
12. Athletes are expected to act beyond the standards of the general student population; as they are leaders of our school and community. An athlete who is disciplined by the school's administration for a disciplinary problem can be subject to further disciplinary action by the coach of his or her sport. (Action is up to the discretion of the Athletic Department).
13. Coaches of particular sports have the authority to enforce additional rules and regulations at their discretion.

I have read and understand the Athletic Code of Conduct.

Athlete Name (Print) _____ Athlete Signature: _____ Date: _____
Parent/Guardian (Print) _____ Parent/Guardian Signature: _____ Date: _____

Athletic Department.

Transportation Permission and Release Form

This form must be completed by the parents or legal guardians and students participating in St. Johns athletic programs who may have occasion to be transported in privately owned vehicles.

Student's Name	School	Sport
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Procedure # 1: A parent's signature is required before a student may ride with another parent, sponsor of student in a private vehicle to or from athletic practice, competition or events.

I hereby give permission to my son or daughter, named above, to ride with another parent or sponsor in a privately-owned vehicle to or from athletic practice, competition or events. I hereby release St. John Catholic School from any liability relating to the transportation of my child.

Date _____

Parent's Signature

Procedure #2: The school principal's signature is required before a coach, parent, or sponsor may transport students, sponsors, or coaches in privately owned vehicle. The driver must have shown proof of a valid driver's license and liability insurance coverage. The signatures below indicate that requirements have been met.

Date: _____

Driver's Signature

Driver's License No: _____ Birth date: _____

Insurance Company _____ Policy# _____

Date: _____

Principal's Signature

St. John Athletic Discipline Policies

We would like to welcome you to our athletic program. All athletes must be aware that it

is a **privilege** to participate in athletics and not a right. We at St. Johns set high standards for our athletes. We would like you to be aware of the following discipline policies so that our program and your success will be challenging, as well as successful.

Conduct

We expect our athletes to play with class. We will be known for our clean, tough, and

competitive play. We will not belittle our opponents or taunt them. We will conduct

ourselves as gentlemen/ladies at all times. The following behaviors are subject to disciplinary action.

1. Office referrals
 2. P.E./Classroom tardies, no materials, or disruption
 3. Citizenship conduct grade
 4. Profanity
 5. Athletes should always address their coach and teachers with "Yes sir, no sir" or "Yes ma'am, no ma'am"
 6. Scholastic grades
 7. Unsportsmanlike conduct during practice/games
 8. Failure or refusal to adhere to any Athletic Program or Discipline Policy
 9. Failure to be picked up no later than 15 minutes after scheduled practice time.
- ** 1st and 2nd offense= warning **3rd and subsequent offense= 1 game suspension

Unexcused Absence/Tardy Policy

Unexcused absences from practice/games will not be tolerated without consequence.

Unexcused absences include but are not limited to:

1. Tardies
2. Absence without proper notification
3. Detention

The consequences for these violations are as follows:

1. 1st and 2nd violation: warning from coaches
2. 3rd and subsequent violation= 1 game suspension

Suspensions related to School Disciplinary Action

1. 1st and 2nd Detention = warning from coaches
2. 3rd and subsequent Detention = 1 game suspension

Automatic Dismissal (Coaches Discretion)

Any student who violates the following rules may be automatically dismissed from

athletic participation for the remainder of the season. The rules are as follows:

1. Failure or refusal to adhere to any Athletic Program or Discipline Policy
2. Disrespecting a coach in any way

Dear Athlete and Parents,

The coaching staff at St. Johns recognizes the fact that all kids are different- each one of them probably has a different motive for what he/she does. Taking this into consideration, we attempt to be fair and consistent in dealing with discipline problems. We further recognize that most discipline problems involve good kids just making poor choices. What is best for our program and the athlete must always be of primary importance. We believe that in order to have a strong, sound and consistent athletic program, discipline must prevail. Furthermore, we strongly feel that the best indicator to showing that one cares is through assertive discipline.

We believe that an athlete's character is influenced by their social environment and positive interactions between coaches, teammates, and parents. Therefore, let's all work together to help make this a very special experience for all of us.

Athletes who do not follow the rules stated in the 2015-2016 Parent/ Student Hand Book and receive a level 1, level 2 or level 3 infraction will be ineligible to participate in the next game of the sport being participated. If a practice follows the disciplinary issue, the athlete will miss the next practice and game. Athletes who receive a level 3 infraction will be ineligible for two game days and any practices being held before or between games.

Sincerely,

St. Johns Coaching Staff

I have read the rules and regulations of the St. John Catholic School Athletic Discipline Policies.

Student Signature _____ Date _____

Parent Signature _____ Date _____

UNIFORM AGREEMENT

I _____ (athlete's name) understand that my uniform is property of the St. John's School and it is my responsibility to keep possession of the uniform for the duration of the sport season. I promise to take good care of my uniform throughout the season and return it promptly at the end of the season when requested. I understand that if I lose or severely damage this uniform on purpose I will be held responsible for buying the team a new replacement uniform. When I am wearing the St. John's uniform I promise to represent my school in a positive way by showing good sportsmanship and Christ-like behavior.

Athletes signature: _____

Parent's signature: _____

Date: _____

Sport to be played: _____