



ACTIVITY RELEASE FOR MINOR PARTICIPANT

Return Completed Form to Parish/School/Ecclesiastical Organization

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work/Cell Phone: _____

I, _____, grant permission for my child,
_____, to participate in the following activities:

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate _____, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of _____ or the Archdiocese of Denver.

Signature: _____ Date: _____

My child has the following restrictions and/or allergies: _____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Date: _____

ST. CLARE OF ASSISI ATHLETICS ENROLLMENT FORM

Child's Name:	Grade:
School:	Birthdate:
Parent Name:	Parent name:
Cell #:	Cell #:
Mailing Address:	Mailing Address:
Email:	Email:
Emergency Contact (other than parent):	
Name:	Relationship:
Phone 1:	Phone 2:

I understand every effort will be made to reach me in case of an emergency. If this is impossible, the coach has permission to use their discretion in securing medical aid and administering first aid. It is understood that neither the school nor the person responsible for obtaining treatment will be obligated for the expense or any other liability.

Print Name: _____ Signature _____ Date _____

Parent or Guardian Participation Permit

NOTE: Although participation in supervised school athletic and activities programs is among the least hazardous activities in which any student will engage in or out of school, the very nature of these school athletic and activities programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and athletics. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

I hereby give my permission for _____ to compete in St. Clare of Assisi School approved sports. I understand and acknowledge that by consenting to my child's participation in the Athletic activity, I am assuming full responsibility for the risk of any illness or injury that my child may incur. I release the Archdiocese of Denver, St. Clare of Assisi School/Parish and any of its employees or volunteers from liability for any illness or injury that my child may incur while participating in the Athletic activity.

****Parents of student athletes are required to take the *Play Like a Champion Today*™ program prior to their child beginning practice. Contact the school to get dates and times of course offerings.**

My child and his/her parents will read and sign the "Code of Conduct" in order to participate.

Signature _____ Date: _____

Statement of Insurance Coverage

Please check **one** box below:

_____ I hereby certify that I have sufficient insurance coverage through a personal or family policy in effect throughout the school sports seasons for the current school year should my child become injured as a result of having practiced and/or played in a sport this school year.

Company _____ Policy Number: _____

OR

_____ I have purchased school insurance for the current school year effective: _____ (date)

I agree that in the event of an accident and/or injury while participating or practicing during these seasons under the sponsorship of this school, I will not expect or demand any compensation for medical and/or surgical expenses incurred.

Signature _____ Date: _____

ATHLETIC CODE OF CONDUCT

Our athletic programs are organized and administered as to contribute to the mission of our school and to the health, well-being, citizenship, and character development of our student-athletes. Each participant is expected to display the Christian principles of fair play, courtesy, self-control, and sportsmanship at all contests and practices. These principles may not be sacrificed in the desire to win.

Good sportsmanship must be emphasized and exhibited by all parents, coaches, officials and students at all practices and contests.

St. Clare of Assisi Catholic School participates in the Archdiocese of Denver's Play Like a Champion Today™ program. This program, developed by the University of Notre Dame, is a child-centered approach to youth sports designed to help Catholic youth sports programs reflect gospel values. In **the right environment**, sports foster the development of self confidence, dependable relationships, responsible decision-making, and most of all, a deep sense of well-being and communion with God.

A champion is not necessarily someone with extraordinary athletic ability. Champions bring their best to each game. They play with complete effort and attention and play as a unit with their teammates. Champions respect themselves, their teams, their opponents, coaches and officials. A Champion is someone who performs to their full potential.

Every Child can be a Champion.

Acceptable standards of behavior for Student-Athletes:

Play in a positive manner, reflecting Christian values.

Respect the judgment of officials and abide by the rules of the contest.

Accept seriously the responsibility of representing the school by displaying positive behavior at all times.

Treat opponents with respect; shake hands prior to and after contests.

Acceptable standards of behavior for Spectators:

Be a positive role model.

Remember that players are children and are playing for their enjoyment.

Refrain from derogatory comments or gestures to players, coaches, parents of the opposing team, officials or league administrators before, during and/or after the game.

Respect decisions made by contest officials.

Remain seated in the spectator area during games.

Enforcement:

The schools shall be subject to this code under the supervision of the CSAB. Complaints regarding violations of this code shall be first brought to the attention of the principals and athletic directors of the schools involved. Coaches, participants or spectators may be placed on probation or suspended from CSAL activities for their actions.

FAILURE TO ABIDE BY THIS CODE OF CONDUCT MAY RESULT IN:

1. Suspension of the game in progress.
2. Immediate suspension of the coach, player, or spectator by the Athletic Director or official for the remainder of the game in progress.
3. A sportsmanship conduct review by the Athletic Director and Principal.
4. Suspension of the coach, player or spectator from future games as determined by the Athletic Director and Principal.
5. A sportsmanship conduct review by the Catholic Schools Athletic Board to determine if additional consequences are required.

ALL COACHES, PLAYERS, AND PARENTS MUST ACKNOWLEDGE IN WRITING THAT THEY HAVE READ AND UNDERSTAND THIS ATHLETIC CODE OF CONDUCT.

Signature: _____

Date: _____

Archdiocesan Policy No. 2190: Concussion Guidelines

Catholic schools are dedicated to a caring and orderly environment where students are provided safety in a community of faith. Sports and physical activity are a great way for children and teens to stay healthy and grow in virtue. Medical researchers have discovered that young athletes, especially children and teens, don't often recognize their own limitations; especially when they have a concussion.

This policy, based on the Colorado Jake Snakenberg Youth Concussion Act, applies to organized athletic activities for each public and private middle school and high school. It requires each coach of a youth athletic activity that involves interscholastic play to complete an annual concussion recognition education course.

The PRINCIPAL must ensure that All coaches complete the on-line concussion training course approved by the Office of Catholic Schools prior to assuming any coaching duties. The Office of Catholic Schools will provide the principal with the name and link of the approved training course.

The Office of Catholic Schools recommends that all teachers and supervisors complete this course.

A concussion is a type of traumatic brain injury--or TBI--caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. It is a disruption of how the brain works; it is not a bruise to the brain.

While most with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. Not giving the brain enough recovery time can be dangerous.

Concussion signs or symptoms include change in the persons behavior, thinking, or physical functioning. (Appendix ZZ)

The following steps provided by the Centers for Disease Control and Prevention are REQUIRED to be taken by the coach or supervisor whenever an athlete has experienced a bump or blow to the head or body and evidences any of the symptoms or signs of a concussion.

- 1. Remove the athlete from play immediately.*
- 2. Inform the athlete's parents or guardians about the possible concussion. Give them the CDC fact sheet on concussion for parents. (Appendix AAA)*
- 3. Ensure that the athlete is evaluated by a health care professional.***
- 4. Keep the athlete out of play and practice the day of the injury and until a health care professional, experienced in evaluating for concussion, states in writing that the athlete can safely return. The arrangements and cost of the health care provider are the responsibility of the parent.*

After a concussed athlete has been evaluated and received clearance to return to play from a health care provider, school officials may allow a registered athletic trainer/coach/athletic director with specific knowledge of the athlete's condition to manage the athlete's GRADUATED RETURN to play. (Appendix BBB)

***"Health Care Provider" means a doctor of medicine, doctor of osteopathic medicine, licensed nurse practitioner, licensed physician assistant, or licensed doctor of psychology with training in neuropsychology or concussion evaluation and management.

FOR ATHLETIC PARTICIPANTS: PARENTS ARE REQUIRED TO SIGN THAT THEY HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE CONCUSSION POLICY BEFORE THE CHILD CAN PRACTICE OR PLAY. (See the attached form to sign.)

CONCUSSION POLICY AGREEMENT FORM

All students participating in sports at St. Clare of Assisi School must have their parents/guardians read the concussion guidelines and sign the agreement form below.

I have read and understand the attached Concussion Guidelines and agree to follow its recommendations.

Signed: _____ Date: _____
(Father)

Signed: _____ Date: _____
(Mother)

Signed: _____ Date: _____
(Guardian)