



North Suburban Parochial School League
Athletic Permission - Waiver Sheet

St. Raphael Catholic School
Co-Curricular Activities 2017-18 Year

Please return this form by Friday September 8th with the player fee, and uniform deposit if this is your child first sport this season. Please note students may not leave the school grounds before or after practices or games without adult supervision.

Name of Student	Grade
Home Address	Parent Home or Cell Phone
Email addresses	

We, the parents of the above named student, hereby give our approval for our son or daughter to participate in the NSPSL's sports program as a representative of his or her school. We assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the league, its organizers, sponsors, supervisors, participants and persons transporting our son or daughter to and/or from activities. **We have also read the St. Raphael Athletic Handbook as a family, and will adhere to the positive action plans our activities department has in place for this school year, we will also volunteer to work the concession stand and the St. Festival.**

Parent or Guardian	Date
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Please submit two separate checks: one for the player fee and the other for the uniform deposit. Make checks payable to St. Raphael Athletic Association.

- Student Fee: \$50.00 by Friday September 8 2017
- Uniform Fee: \$50.00 by Friday September 8 2017 (Only if this is your child's first activity)

Please note: The *uniform deposit fee only needs to be paid once* during the school year, and will be returned in the spring at our sports banquet. The **\$50.00 student fee** has to be paid for each sport as this pays for league fees. If the fee is a financial problem for your family please call Mr. Johnson for assistance. The **medical form, and parent code of conduct also needs to be completed only once per year, for they remain on record.** The above waiver form needs to be completed for each sport played during the school year.

Parents Please Note: Now that you are a part of the SRS Athletic's program, you and your child are required to volunteer at the CONCESSION STAND during at least one home game and at the athletic booth at the St. Raphael Summer Festival. Sign up sheets will be emailed. These hours are eligible for confirmation service hours.



Code of Conduct

Players

- I will treat teammates, coaches, game officials, and opponents with respect at all times.
- I will not use improper gestures or inappropriate language.
- I will accept the decisions of our coaching staff and game officials without question.
- I will exercise self-control at all times and set an example of Christian behavior for others to follow.
- I will win without boasting, lose without excuses, and never quit.
- I will remember that I represent my team and my school.
- I understand that I may not be able to participate in games if I do not attend practices, if I do not meet our schools academic standards or my behavior in the classroom is not acceptable by my teachers.

Coaches

- I will know, teach, and follow the rules of the sport I coach.
- I will treat players, parents, game officials, other coaches and teams with respect at all times.
- I will not use improper actions or inappropriate language to all those I come into contact with.
- I will teach and model good sportsmanship.
- I will accept the decisions of game officials without showing inappropriate emotions.
- I will exercise self-control at all times and set an example of Christian behavior for others to follow.
- I will avoid public displays of criticism in front of players and spectators.

Parents/Guardians

- I will treat players, coaches, game officials, opponents, and other spectators with respect at all times.
- I will accept the decisions of game officials.
- I will not use improper gestures or profane language.
- I will exercise self-control at all times set an example of Christian behavior for others to follow.
- I will teach and model good sportsmanship.
- I will attend the team's parent meeting or will make arrangements with the coach to receive all the necessary paperwork and/or information.
- I understand that my child may not be able to participate in games if he/she does not attend practices does not meet our schools academic standards or is not respectful in the classroom.

Student Signature

Date

Parent's or Guardian's Signature

Date

Parent's or Guardian's Signature

Date



ST. RAPHAEL CATHOLIC SCHOOL

Preschool - Eighth Grade • Crystal, Minnesota

7301 Bass Lake Road, Crystal, MN 55428
763-504-9450 • www.srsmn.org

St. Raphael Catholic School

"WINNING DOES NOT DEFINE SUCCESS"

Please sign and date this form and return it with your wavier, and health form to the athletic office. Players **will not** be allowed to practice or play in any event until these forms are completed.

I have read and understand the guidelines and policies outlined in the athletic handbook which is found under student activities on the St. Raphael's website. Our family will abide by these guidelines.

Team: _____

Student-Athlete: _____
Please Print

Student Signature: _____

Parent or Guardian Signature: _____

Date: _____

"Whatever you do for the least one of these, you do for me"
-Matthew 25:40

For more information please visit the Athletics page on our website:
<http://www.srsmn.org/athletics>

Parent-Student Athletic Handbook:
<http://www.srsmn.org/athletics/athletichandbook>



ST. RAPHAEL

CATHOLIC SCHOOL

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Extra Curricular Activities Updates and Reminders

Our athletic office would like to send out a reminder to all families that have children involved in after school events.

1. Students may not leave the school building/grounds after the school day has ended while waiting for their activity or event to begin.
2. If there is a gap in time between the end of the school day and practice, students must go directly to the EDS or QEST program.
3. Students may not enter the gym or go on the playing field until their coach or moderator is in attendance.

(The above information is in our athletic handbook for families to review.)

Please respect our volunteer coaches' time. We ask that you please be on time to pick up your child/children from the team practice.

EDS/QEST Fees: Registration Fee \$25.00 a student or \$40.00 a family (each year),
\$5.00 a day if registered, \$8.00 per day if not registered.

Athletics is an extension of the classroom and Mr. Johnson following the School Discipline Policy, which can be found in the Parent Handbook, will handle all student behavior problems.

Thank you for your assistance.

God bless you,

Mr. Johnson Teacher/Athletic Director

Student Name _____

Student Signature _____

Parent/ Guardian Signature _____

Date _____

At least one parent must sign.



Student Health Information

Student _____ Grade _____ Birth Date _____

Health information is collected to provide for student's health and safety at school. This confidential data will be recorded in the student's health record. It will be shared with school and emergency personnel on a "need to know" basis. You are not legally required to supply this information, but lack of data may impact planning for your student.

NOTE: Immunizations are required for school entrance. See school immunization paperwork for more information.

Parent/Guardian-please check if your student has any of the following:

- NO HEALTH CONCERNS
- ADHD/ADD (Attention Deficit Disorder) Takes ADHD/ADD medication
- Allergies (please list): _____
- Asthma Other Breathing Problems: _____
- Diabetes: Type I Type II
- Hearing Impairment Hearing device
- Immune Deficiency Condition: _____
- Mental Health Concerns (Depression, OCD, etc.): _____
- Migraine Headaches
- Mobility Issues (problems with muscle, bone, balance, etc.): _____
- Seizures
- Sickle Cell
- Vision Impairment Glasses/Contacts
- Other: _____

Other Health Questions <i>(please answer all questions)</i>	YES	NO	If yes, please explain
Is physical activity limited in any way?			
Hospitalization/Surgery/Injury past 12 months?			
Any health problems that could result in an emergency?			
Does the student use an inhaler?			
Does the student have an Epi-Pen?			
Will your student take medication at school? <i>Please see School Nurse for required paperwork.</i>			

Licensed Health Care Provider _____ Phone _____

Parent/Guardian Phone _____ Email _____

Parent/Guardian Signature _____ Date _____

PLEASE RETURN TO THE HEALTH OFFICE / Athletic Department 5/2015



Información sobre la salud del estudiante

Estudiante: _____ Grado _____ Fecha de nacimiento _____

La información que recopilamos sobre la salud del estudiante es para poderle proporcionar servicios médicos y seguridad en la escuela. Esta información es confidencial y será incluida en el expediente de salud del estudiante. Solo será compartida con personal de emergencia y de la escuela, en el caso de que sea necesario. Usted no tiene la obligación legal de proveernos esta información, pero, el no hacerlo, puede resultar en una planeación inadecuada para el estudiante.

NOTA: Las vacunas son un requisito obligatorio para ser admitido en la escuela. Para obtener más información al respecto, refiérase a los documentos sobre las vacunas que están a su disposición en la escuela.

Padre/tutor-por favor marque las casillas que sean correctas con respecto a la salud de su hijo:

- NO TIENE PROBLEMAS DE SALUD
- TDAH/TDA (ADHD/ADD) (Trastorno por Déficit de Atención) Toma medicamentos para TDAH/TDA
- Alergias (liste las que tenga): _____
- Asma Otros problemas respiratorios: _____
- Diabetes: Tipo I Tipo II
- Impedimento auditivo Usa audífonos
- Deficiencia del sistema inmunológico: _____
- Problemas de salud mental (depresión, trastorno obsesivo compulsivo OCD, etc.): _____
- Migrañas
- Problemas motrices (problemas con los músculos, los huesos, el equilibrio, etc.): _____
- Convulsiones
- Enfermedad de células falciformes
- Impedimento visual Usa anteojos/lentes de contacto
- Otro: _____

Otras preguntas sobre la salud de su hijo <i>(por favor conteste todas las preguntas)</i>	SÍ	NO	En caso afirmativo, sírvase explicar
¿Presenta alguna limitación física?			
¿Ha sido hospitalizado/operado/se ha accidentado durante los últimos 12 meses?			
¿Tiene algún problema de salud que pueda resultar en una emergencia?			
¿Utiliza un inhalador?			
¿Utiliza un EpiPen (autoinyector de epinefrina)?			
¿Tomará medicamentos mientras esté en la escuela? <i>En caso afirmativo, es necesario diligenciar los documentos de autorización para la toma de medicamentos. Para ello, por favor hable con la enfermera de la escuela.</i>			

Proveedor de atención médica (médico o clínica) _____ Teléfono _____

Teléfono del padre/tutor _____ Correo electrónico _____

Firma del padre/tutor _____ Fecha _____