

# **ATTENTION CYO ATHLETES AND PARENTS/GUARDIANS**

**ATHLETE'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SPORT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

## **ASSUMPTION OF RISK -- PROOF OF INSURANCE:**

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I \_\_\_\_\_ (signature) Student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

\_\_\_\_\_ (Date)

I hereby consent to participation by my child, \_\_\_\_\_, in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release \_\_\_\_\_ School and/or Parish, the Catholic Youth Organization (CYO), the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives ([Releases](#)), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release of indemnification apply to the extent of commercial insurance coverage for any claim, but this Release of Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I will assume the responsibility of transportation for my student to and from practices and/or games.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy or group number (Contact Athletic Director ASAP if no policy exists)

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## **EXPECTATIONS IN EDUCATIONAL ATHLETICS**

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The administration and staff of our parish/school, all CYO parishes/schools and the CYO Athletic Department wish to make it clear that CYO sports are an educational activity. Athletes, parents and friends must be aware of our school's expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are a part of the activity, much like the athletes, coaches and officials. **As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.**

- It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- At all times it is expected that we will respect one another; adults and students alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

\_\_\_\_\_  
Student-Athlete

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

**This form is to be kept on file at the Parish/School. A new form must be filed each school year. The form must be submitted to by the parents/guardian to the Athletic Director/Coach before the start of the season.**



## ATHLETIC AGREEMENT FORM

ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

### STUDENT ATHLETE AGREEMENT

I have read the entire *Warren Woods Christian School Athletic Handbook* and agree to abide by its contents. I agree to support all policies in both spirit and practice in my relationships, participation, and attitude.

I will do my best to uphold my responsibility as a student athlete of Warren Woods Christian School, being faithful to pursue integrity and character that is consistent with the Christ-centered vision of the Warren Woods Christian School Athletic Department.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PARENT'S/GUARDIAN'S AGREEMENT

I/we have read the entire Warren Woods Christian School Athletic Handbook and support the enforcement of its rules and guidelines both in spirit and practice. I agree to support the athletic department & coaching staff in their decisions, as they are delegated authority in my son/daughter's athletic participation in Warren Woods Christian School athletics. I also understand that an athletic fee \$75 and a uniform deposit of \$50 will be charge for each sport my child participates in which does not include any additional items deemed necessary by the coach. Upon completion of my volunteer hours, \$25 of the athletic fee will be refunded with my uniform deposit.

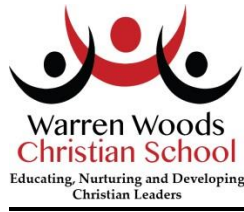
PARENT'S /GAURDIAN'S SIGNATURE (both signatures are required, if applicable)

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



## Athletic Parent Volunteer Information

Sport: \_\_\_\_\_

Number of times I must volunteer to receive payment reduction \_\_\_\_\_

### Volunteer Descriptions:

**Concessions** (VB,SOC,BB) Set up and clean up concessions. Sell concessions during the entire game. Should arrive 30 minutes prior to game. *Home games only.*

**Admissions** (VB,BB) - Help set up and clean up concessions. Take admissions from away team *only*. Responsible for maintaining and giving cash box to Athletic Director at the end of the game. Should arrive at least 30 minutes prior to game. *Home games only.*

**Line Judge** (VB) - Help referee determine if VB was in or out using a line judge flag during the entire game. *Home and Away games.*

**Scorebook** (VB,SOC,BB,SB,BB) - Sit at head table/dugout/on field and keep score for head coach. Should arrive at least 30 minutes prior to game. Home and away games.

**Scoreboard** (VB,BB) - Sit at head table and operate scoreboard. No experience necessary, can be trained. Should arrive at least 30 minutes prior to game. Home games only.

**Field Liner** (SOC) - Operate a paint liner to paint of over lines on the soccer field. Will need to be done 3- 4 times during the season. This can be done during the day or evening and is flexible.

**Set up/ Clean up:** (SOC,VB,BB) - Responsible for setting up and cleaning up tables and chairs used during home games. Clean up also consists of all garbage on stands and fields.

Once game schedule is finalized, a sign-up genius will go out with volunteer options for all games. *You must volunteer \_\_\_\_\_ times per family to receive payment reduction.* All volunteers will be monitored and given instructions by Athletic Director prior to home games.



## EMERGENCY INFORMATION

*Please print:*

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Student's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

List 2 emergency contacts that can assume temporary care of you child if you cannot be reached:

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

If your child has a medical condition or has suffered any injury within the past year, please describe:

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List any medication (including an inhaler) your child uses:

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List known allergies (food, medication, and other):

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**Please initial here if permission is granted for the school to dispense: \_\_\_\_\_ Tylenol or \_\_\_\_\_ Ibuprofen**

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone # \_\_\_\_\_

In the event of a medical emergency in which there is insufficient time to attempt to contact me, or in the case efforts to reach me are not successful, I consent to and will be responsible for emergency medical treatment which may be advisable for my child in the opinion of the medical and school personnel involved.

I release and waive any claim I may have against Warren Woos Christian School, the WWCS School Board, the individual members, agents, employees and representatives thereof, as well as trip supervisors and drivers, for losses, damages or injuries arising out of, during, or in connection with my son/daughter's participation in the WWCS sports program and emergency medical procedures of treatment, if any, except in the case of gross neglect.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_



## **PARENTS CODE OF ETHICS**

**I hereby pledge to provide positive support, care and encouragement for my child participating in your sports by following the parents code of ethics:**

I WILL ENCOURAGE SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES, AND OFFICIALS AT EVERY GAME AND PRACTICE.

I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF MY CHILD AHEAD OF A PERSONAL DESIRE TO WIN.

I WILL INSIST THAT MY CHILD PLAY IN A SAFE AND HEALTHY ENVIRONMENT.

I WILL SUPPORT COACHES AND OFFICIALS WORKING WITH MY CHILD, IN ORDER TO ENCOURAGE A POSITIVE AND ENJOYABLE EXPERIENCE FOR ALL.

I WILL DEMAND A SPORTS ENVIRONMENT FOR MY CHILD THAT IS FREE FROM DRUGS, TOBACCO, ALCOHOL, AND WILL REFRAIN FROM THEIR USE AT ALL SPORTS EVENTS.

I WILL REMEMBER THAT THE GAME IS FOR YOUTH-NOT FOR ADULTS.

I WILL DO MY VERY BEST TO MAKE SPORTS FUN FOR MY CHILD.

I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS, AND OFFICIALS WITH RESPECT REGARDLESS OF RACE, SEX, CREED OR ABILITY.

I WILL HELP MY CHILD ENJOY SPORTS EXPERIENCES BY DOING WHATEVER I CAN SUCH AS BEING A RESPECTFUL FAN, OR PROVIDING TRANSPORTATION.

I WILL REFRAIN FROM COACHING MY CHILD OR OTHER PLAYERS DURING GAMES AND PRACTICES UNLESS I AM ONE OF THE OFFICIAL COACHES OF THE TEAM.

I WILL SET A POSITIVE EXAMPLE WHEN POSTING ABOUT EVENTS, COACHES, OR OTHER PLAYERS ON SOCIAL MEDIA.

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PARENT SIGNATURE

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DATE



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

- GENERAL QUESTIONS		Y	N
<input type="checkbox"/>	Has a doctor ever denied or restricted your participation in sports for any reason?		
	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
<input type="checkbox"/>	Other:		
	Have you ever spent the night in the hospital or have you ever had surgery?		
- HEART HEALTH QUESTIONS ABOUT YOU		Y	N
	Have you ever passed out or nearly passed out DURING or AFTER exercise?		
	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
	Does your heart ever race or skip beats (irregular beats) during exercise?		
	Has a doctor ever told you that you have any heart problems? Check all that apply:		
<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Heart murmur
<input type="checkbox"/>	Heart infection	<input type="checkbox"/>	High cholesterol
<input type="checkbox"/>	Kawasaki disease	<input type="checkbox"/>	Other:
	Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
	Do you get lightheaded or feel more short of breath than expected during exercise?		
	Do you have a history of seizure disorder or had an unexplained seizure?		
	Do you get more tired or short of breath more quickly than your friends during exercise?		
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
	Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?		
	Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		
	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)?		
	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?		
- BONE AND JOINT QUESTIONS		Y	N
	Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		
	Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
	Do you regularly use a brace, orthotics or other assistive device?		
<input type="checkbox"/>	Do you have a bone, muscle or joint injury that bothers you?		
	Do any of your joints become painful, swollen, feel warm or look red?		
	Do you have any history of juvenile arthritis or connective tissue disease?		
	Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		

- MEDICAL QUESTIONS		Y	N
	Do you cough, wheeze or have difficulty breathing during or after exercise?		
	Have you ever used an inhaler or taken asthma medicine?		
	Is there anyone in your family who has asthma?		
	Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
	Do you have groin pain or a painful bulge or hernia in the groin area?		
	Have you had infectious mononucleosis (mono) within the last month?		
	Do you have any rashes, pressure sores or other skin problems?		
	Have you had a herpes or MRSA skin infection?		
	Do you have headaches or get frequent muscle cramps when exercising?		
	Have you ever become ill while exercising in the heat?		
	Do you or someone in your family have sickle cell trait or disease?		
	Have you had any problems with your eyes or vision or any eye injuries?		
	Do you wear glasses or contact lenses?		
	Do you wear protective eyewear such as goggles or a face shield?		
	Immunization History: Are you missing any recommended vaccines?		
	Do you have any allergies?		
	Have you ever had a head injury or concussion?		
	Do you have any concerns that you would like to discuss with a doctor?		
	Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
	Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
	Have you ever had an eating disorder?		
	Do you worry about your weight?		
	Are you trying to or has anyone recommended that you gain or lose weight?		
	Are you on a special diet or do you avoid certain types of foods?		
- FEMALES ONLY (Optional)		Y	N
	Have you ever had a menstrual period?		
	How old were you when you had your first menstrual period?		
	How many periods have you had in the last 12 months?		
<b>CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR</b>			

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected:  Y  N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.  
BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY  
LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

**EXAMINER** Name of Examiner (print/type): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Examiner: \_\_\_\_\_ (Check One):  MD  DO  PA  NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Drug Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Gender: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Father/Guardian Name:
Phone (home): (work): (cell):
Mother/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: Date:
2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:





## WAIVER OF LIABILITY

1. In consideration for participation I, \_\_\_\_\_, hereby release, waive, discharge Warren Woods Christian School and/or The Woods Church, its trustees, officers, agents, and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child, or to any property belonging to me, while participating in such extracurricular activity or event.
2. To the best of my knowledge, I am not aware of any physical disability or health-related reason or problems which would preclude or restrict participation in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained by my child.
3. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in this activity. I agree to indemnify and hold harmless Warren Woods Christian School and/or The Woods Church, its trustees, officers, agents, and employees, from any loss, liability, damage or costs, including court costs and attorneys' fees that may be incurred, due to participation in said activity.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it, and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreements, have been made; and I execute the Release for full, adequate and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand and on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date