



St. Philip the Apostle School

Home of the Spartans

2014-2015 Sports Registration – Due June 6 (last day of school)

At this time we will be holding registration for those wishing to participate in the Athletic Program at St. Philip for the 2014-2015 school year. St. Philip's offers both volleyball and basketball programs to boys and girls in grades 5 – 8.

Timeline

Volleyball practices will begin during the first or second week of school with games starting the first weekend of September. Games normally end the first weekend of November. Basketball practices begin mid- November with games starting the first weekend of December. The basketball season generally ends the second weekend of March.

Practices are held twice per week, for an hour each, at the convenience of our volunteer coaches. Practice times will also be dependent on the availability of our gym. Games will be played occasionally on weekday evenings, but mostly on Friday nights and Saturday mornings/afternoons.

Coaches needed for incoming 5th Graders

If you are interested in coaching your child's team, we have included a coach application form to be returned to school. We'll need to be sure we have coaches for each team, so please consider this rewarding opportunity to bond with your child and his or her teammates. Please submit coaching applications by June 6.

Uniforms

All players will be provided with a uniform to borrow as part of their enrollment in the program. To be certain that we have a uniform reserved for your child's use, it is imperative that all registrations are completed and turned in by the due date. Your child will be issued a uniform before their first games – we will do our best to have an appropriate sized uniform available. Note: our current style uniforms are LONG; they are manufactured to be tucked in and loosely folded over the waistline.

Sports/Physical Exam

All students that will be participating in athletics must have a current (not any earlier than March 30, 2014) physical exam form on file at school. This is a Diocese of Joliet policy. Your child will not be allowed to participate in any activity associated with the athletic program if this is not on file. Please be sure that this is on file prior to the first practice of the season, because a lack of practice participation can limit playing time once games begin. The physical exam form that all incoming 6th graders file will fulfill their current physical requirement. Please make sure that your doctor has indicated on the form that your child is eligible to participate in athletics.

Fees

Registration Forms are due by Friday, June 6. Fees are due as indicated below.

Your child will not be rostered on a team until the registration fee has been paid.

Participation will be subject to school academic and behavioral eligibility requirements.

Please consider your child's needs and scheduling constraints before registering for our program. We are unable to adjust practices and league scheduling for reasons other than school or parish related events.

There is one registration form for both **volleyball and basketball**; it is due **no later than Friday, June 6**.

Fees will also be due as indicated:

Volleyball = **\$70** Due no later than **Friday, June 6**

Basketball = **\$85** Due no later than **Friday, August 29**

Please issue **separate checks**, payable to *St. Philip Athletics* for each sport.

Copies of the attached forms are also available at the school office and at on the Athletics Webpage.

ALSO: Please familiarize yourself with our Athletic Handbook for further information.

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ST. PHILIP THE APOSTLE SCHOOL - ATHLETIC REGISTRATION FORM

Volleyball	(Circle One) Basketball	Volleyball & Basketball
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STUDENT NAME

GRADE (in the fall)

ADDRESS

HOME PHONE

MEDICAL INFORMATION

Does your child have any allergies, physical limitations, take medications regularly, or have any specific health concerns? (CIRCLE ONE)

YES

NO

If YES, please indicate special health concerns and/or medications taken.

INSURANCE INFORMATION

POLICYHOLDER

INSURANCE COMPANY

POLICY NUMBER

AUTHORIZED PHYSICIAN

PHONE

IN CASE OF EMERGENCY OR ACCIDENT, COACHES MAY CONTACT:

MOTHER'S LAST NAME, FIRST NAME

ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE

WORK PHONE

CELL PHONE

FATHER'S LAST NAME, FIRST NAME

ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE

WORK PHONE

CELL PHONE

OTHER CONTACT IF I CANNOT BE REACHED

PHONE

I give my son/daughter permission to participate in the volleyball and/or basketball program at St. Philip the Apostle School. I will not hold St. Philip the Apostle School or Parish responsible should an accident occur to my child while participating in the program. I am aware of the physical requirements of the sport and there is no known reason why my child would be incapable of fully participating in this sport. I also certify that my child has proper medical insurance. I am familiar with the Spartan Athletic Handbook, available to me at <http://spartans.stphiliptheapostleparish.com>

PARENT/GUARDIAN SIGNATURE

DATE

**ST. PHILIP THE APOSTLE SCHOOL
COACHING APPLICATION
2014 – 2015**

NAME _____ E-MAIL (MINIMUM 1 COACH PER TEAM REQUIRED TO SUBMIT E-MAIL ADDRESS) _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

I am interested in Coaching the following:

SPORT(S)	(PLEASE CIRCLE 1 OR MORE TEAM)	and	(CIRCLE ONE)
Volleyball	Girls : 5 6 7 8		HEAD COACH ASSISTANT
	Boys : 5 6 7 8		HEAD COACH ASSISTANT
Basketball	Girls : 5 6 7 8		HEAD COACH ASSISTANT
	Boys : 5 6 7 8		HEAD COACH ASSISTANT

(OPTIONAL) I wish to coach along with Mr. / Mrs. _____.

I have completed the required "Protecting God's Children" Program. (PLEASE CIRCLE)

YES NO

List any previous experience working with children.

List your reasons for wanting to coach / your coaching philosophy.

List possible goals for your team. _____

I am available (PLEASE CIRCLE ANY):

AFTER SCHOOL WEEKDAY EVENINGS WEEKENDS

List any specific weekly times you would be unavailable to coach.

All coaches will be expected to become familiar with the Spartan Athletic Handbook, Diocesan Guidelines and League Rules and Regulations. Coaches are expected to be aware of simple first aid. They are to maintain their first aid kit and equipment. Coaches are responsible for the gym during their sessions, and must always practice good sportsmanship, maintain a Christian Ethic and set a good example to our athletes and parents at all times. Coaches are responsible for securing the gym doors during practice and also responsible for the building key.

SIGNATURE

DATE

NHSA Preparticipation Examination

To be completed by athlete or parent

Name _____ Sport/Position _____
 Last First Middle

Social Security Number _____ School Year _____

Address _____

City/State _____ Phone No. _____

Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____

Address _____

Phone No. _____

Person to contact in case of emergency _____

Phone No. _____

Family Doctor _____ City/State _____

Phone No. _____

Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)?	_____	_____	_____
2. Have you been diagnosed with asthma?	_____	_____	_____
3. Have you been prescribed by a physician to use any asthma medication?	_____	_____	_____
4. Do you have a current consent form to self-administer the asthma medication on file with your school?	_____	_____	_____
5. Allergic to medicine, foods, bee stings?	_____	_____	_____
6. Wears any appliances—glasses, contact lenses?	_____	_____	_____
7. History of braces, chipped teeth, bridges?	_____	_____	_____
8. Has ongoing medical problem?	_____	_____	_____
9. Had serious or significant illness in past?	_____	_____	_____
10. Any past surgical operations, accidents, non-sports or related injuries?	_____	_____	_____
11. Any past injuries directly related to sports?	_____	_____	_____
12. Any hospitalization not explained above?	_____	_____	_____
13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	_____	_____	_____
14. Any serious family illness (such as diabetes, bleeding disorders, etc.)?	_____	_____	_____
15. Heart			
Have you ever passed out during or after exercise?	_____	_____	_____
Have you ever been dizzy during or after exercise?	_____	_____	_____
Have you ever had chest pain during or after exercise?	_____	_____	_____
Do you get tired more quickly than your friends do during exercise?	_____	_____	_____
Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____

	Yes	No	If yes, please explain (what, where, when)
Have you had high blood pressure or high cholesterol?	_____	_____	_____
Have you ever been told you have a heart murmur?	_____	_____	_____
Has any family member or relative died of heart problems or of sudden death before age 50?	_____	_____	_____
Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?	_____	_____	_____
Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	_____
Has anyone in your family had a heart attack before the age of 50?	_____	_____	_____
16. Head and Nerve			
Have you ever had a head injury or concussion?	_____	_____	_____
Have you ever been knocked out, become unconscious, or lost your memory?	_____	_____	_____
Have you ever had a seizure?	_____	_____	_____
Do you have frequent or severe headaches?	_____	_____	_____
Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	_____
Have you ever had a stinger, burner or pinched nerve?	_____	_____	_____
17. Last tetanus shot?	_____	_____	Date _____
18. Last eye exam?	_____	_____	Date _____
19. Last menstrual period (if women)	_____	_____	Date _____

Personal Habits

	Yes	No
1. Smoking/smokeless tobacco	_____	_____
2. Alcohol/non-medical drugs: marijuana, cocaine, etc	_____	_____
3. Steroids	_____	_____
4. Eating Disorders – weight loss or gain?	_____	_____

Review of systems (Please check if you have any problems with any of the following areas of your body)

_____ Skin	_____ Lungs	_____ Shoulders, Arms,
_____ Head	_____ Heart	_____ Hands
_____ Eyes	_____ Abdomen	_____ Hips, Legs, Feet
_____ Ears	_____ Back	_____ Muscles—Strength,
_____ Nose	_____ Urination,	_____ Feeling
_____ Mouth/Throat	_____ Bowel Control	_____ Mental, Emotional
_____ Nutrition,	_____ Genital (including	_____ Fatigue
_____ Weight Control	_____ menstrual for women)	_____ Other: What?
_____ Neck		

I certify that the above information is correct to the best of my knowledge.

Student Signature _____

Parent/Guardian Signature _____

Both Student And Parent/Guardian Signatures Are Mandatory

Physical Examination

Height _____ Weight _____ Blood Pressure _____
 Pulse: resting _____ 15 hops _____ after 2 minutes _____
 Visual Acuity: Eyes (R) 20/ _____ w/o glasses _____ (L) 20/ _____ w/ glasses _____

Other Testing	Normal	Abnormal Findings
1. General	_____	_____
2. Skin	_____	_____
3. HEENT	_____	_____
4. Teeth (Dental Exam)	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart (Sit and Stand)	_____	_____
8. Abdomen	_____	_____
9. Genitalia	_____	_____
10. Musculoskeletal		
Neck	_____	_____
Shoulder/Arm	_____	_____
Elbow/Forearm	_____	_____
Wrist/Hand	_____	_____
Back	_____	_____
Hip/Thigh	_____	_____
Knee	_____	_____
Shin/Calf	_____	_____
Ankle/Leg	_____	_____
Foot	_____	_____
11. Peripheral Pulses	_____	_____
12. Neurologic	_____	_____
13. Mental Status	_____	_____
14. Marfan Screen	_____	_____

Other Tests (optional)
 _____ Auditory _____ U/V _____ EKG
 _____ % Body Fat _____ Drug Screen _____ Chest X-Ray
 _____ Hgb/Hct _____ SMAC _____ Tanner Stage

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.
 Yes _____ No _____ Limited _____

Additional Comments: _____

 Examination Date _____ Physicians Signature _____
 Physician's Assistant Signature* _____
 Advanced Nurse Practitioner Signature* _____

* 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.

STUDENT'S NAME _____

SCHOOL NAME _____



Consent Form to self administer asthma medication
 (not needed if current form is already on file with school)

Parent Consent

I, _____, do hereby give my son/daughter, _____, permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

_____ Parent Signature _____ Date

Physician Consent

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication _____
 Purpose _____

 Dosage _____
 Time/Special Circumstances _____

_____ Physician Signature _____ Date