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.
Page Purposely left Blank
# ST. PHILIP THE APOSTLE SCHOOL - ATHLETIC REGISTRATION FORM

<table>
<thead>
<tr>
<th>Volleyball</th>
<th>Basketball</th>
<th>Volleyball &amp; Basketball</th>
</tr>
</thead>
</table>

(Circle One)

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>GRADE (in the fall)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>HOME PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MEDICAL INFORMATION</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>INSURANCE INFORMATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>POLICYHOLDER</th>
<th>INSURANCE COMPANY</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AUTHORIZED PHYSICIAN</th>
<th>PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IN CASE OF EMERGENCY OR ACCIDENT, COACHES MAY CONTACT:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MOTHER’S LAST NAME, FIRST NAME</th>
<th>ADDRESS (IF DIFFERENT FROM ABOVE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td>WORK PHONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FATHER’S LAST NAME, FIRST NAME</th>
<th>ADDRESS (IF DIFFERENT FROM ABOVE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td>WORK PHONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER CONTACT IF I CANNOT BE REACHED</th>
<th>PHONE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>
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:

<table>
<thead>
<tr>
<th>SPORT(S)</th>
<th>(PLEASE CIRCLE 1 OR MORE TEAM)</th>
<th>and</th>
<th>(CIRCLE ONE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volleyball</td>
<td>Girls : 5 6 7 8</td>
<td>HEAD COACH</td>
<td>ASSISTANT</td>
</tr>
<tr>
<td></td>
<td>Boys : 5 6 7 8</td>
<td>HEAD COACH</td>
<td>ASSISTANT</td>
</tr>
<tr>
<td>Basketball</td>
<td>Girls : 5 6 7 8</td>
<td>HEAD COACH</td>
<td>ASSISTANT</td>
</tr>
<tr>
<td></td>
<td>Boys : 5 6 7 8</td>
<td>HEAD COACH</td>
<td>ASSISTANT</td>
</tr>
</tbody>
</table>

(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
Preparticipation Examination

To be completed by athlete or parent

Name ________________________________ Sport/Position ________________________________

Social Security Number ________________________ School Year ________________________

Address ________________________________ Phone No. ________________________________

Date of Birth ____________________________ 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

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 written form to self-administer the asthma medications on file with your school?

5. Allergic to medicines, foods, bee stings?

6. Wear any appliances—glasses, contact lenses?

7. History of braces, clipped teeth, bridges?

8. Has ongoing medical problem?

9. Had serious or significant illness in past?

10. Any past surgical operations, accidents, non-wars or related injuries?

11. Any past injuries directly related to sports?

12. Any hospitalizations not explained above?

13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, ear, testicles, 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?

   Have you had high blood pressure or high cholesterol?

   Have you 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 meningoencephalitis) 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 Neck

   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 sting, burn or pinched nerve?

17. Last tooth crooked?

18. Last eye exam?

19. Last menstrual period (if women)

Personal Habits

1. Smoking/Smokes 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
   - Abdomen
   - Hip, Legs, Feet
   - Eyes
   - Back
   - Muscles--Strength, Ears
   - Nose
   - Urination, Teeth
   - Throat
   - Blood Pressure
   - Mental, Emotional
   - Nutrition
   - General (including, past history of) Weight Control
   - menstrual for women
   - Other Wast?

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**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulse</th>
<th>13 Beats</th>
<th>after 2 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visual Acuity</th>
<th>Eyes</th>
<th>20/20 w/o glasses</th>
<th>13/20 w/glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Testing**

1. General
2. Skin
3. HEENT
4. Teeth (Dental Exam)
5. Neck
6. Lungs
7. Heart (Sit and Stand)
8. Abdomen
9. Gastrointestinal
10. Musculoskeletal
    - Neck
    - Shoulder/Arm
    - Elbow/Forearm
    - Wrist/Hand
    - Home
    - Hip/Thigh
    - Knee
    - Shin/Calf
    - Ankle/leg
    - Foot
11. Peripheral Palates
12. Neurologic
13. Mental Status
14. Marfan Screen

**Other Tests (optional)**

- Audiory
- UV
- SKG
- % Body Fat
- Drug Screen
- Comet X-Ray
- HCG
- 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**

*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.*