



ST. JOSEPH ATHLETIC ASSOCIATION FORMS AND FEES



FORMS

In order for your son or daughter to participate in St. Joe's athletic program, six forms need to be on file. You have already completed forms 1-3 if your child participated in sports last year at St. Joe's. However, you will need to complete Form 1 if any of your contact or insurance information has changed. Forms 4 & 5 should be completed every year and form 6 every two years unless otherwise noted by your doctor.

1. **Medical Information & Emergency Consent**
2. **Sportsmanship - Parent**
3. **Sportsmanship - Student**
4. **Risk Acknowledgement and Consent to Participate (list all sports)**
5. **Student Participation Form (DUE 6/1/2011)**
6. **Physical Examination**

Form 6 is the Physical Exam form. This form needs to be completed by your child's doctor. Generally, this form only needs to be submitted once every two years, provided that (a) your child's exam takes place **after May 1st** and that (b) your doctor approves more than one year of competition. Our records show the following:

Child's Name	Physical Exam Needed	
1. _____	_____ YES _____	_____ NO _____
2. _____	_____ YES _____	_____ NO _____
3. _____	_____ YES _____	_____ NO _____

FEES

Sport	Regular Fee	Early Bird (by 6/1/2011)	Deposit
Volleyball	\$80	\$70	\$100
Basketball	\$80	\$70	\$100
Track	\$50	\$40	None

The family maximum for all children in all sports is \$250 for the 2011-2012 school year (\$240 if paid by 6/1/2011). Checks should be made out to **St. Joseph Athletic Association**. NOTE: Only one \$100 deposit check is needed per family. This check covers both volleyball and basketball.

DEADLINES

The **Student Participation Form (Form 5)** must be submitted by **JUNE 1st, 2011** for any student interested in participating in St. Joe's Athletic Program for the 2011-2012 school year. The only exception to this rule applies to students who are new to St. Joe's or the REC program. Unless you are taking advantage of the Early Bird Special, all other forms and fees are due as follows:

- Volleyball:** All forms and checks due by **8/19/2011**.
- Basketball:** All forms and checks due by **10/28/2011**.
- Track:** All forms and checks due by **3/16/2012**.

If you have any questions, please contact:

Mary Smrz
12665 W. Center St.
Brookfield, WI 53005
(414) 897-2240

ARCHDIOCESE OF MILWAUKEE

Student Athlete - Medical Information & Emergency Consent Form

Participant's Name _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

Other Emergency Contact Person _____ Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Pre-existing Medical Conditions: _____

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of (child's name) _____

Parent / Legal Guardian Date

Parent / Legal Guardian Date



**Archdiocese of Milwaukee
Parent/Guardian
Sportsmanship Pledge**

Sports-man-ship – n. conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a parent/guardian of an Archdiocese of Milwaukee student-athlete, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for players, coaches and spectators.
- Provide encouragement and support for players and coaches.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my son/daughter.
- Take responsibility for my actions.

I understand that I may not be able to attend activities if I do not display good sportsmanship.

+ Jerome E. Listecki

Parent(s) /Guardian(s)

Archbishop Jerome E. Listecki





**Archdiocese of Milwaukee
Student-Athlete
Sportsmanship Pledge**

Sports-man-ship – n. conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

Student-Athlete

Parent(s) /Guardian(s)

+ *Jerome E. Listeski*

Coach

Archbishop Jerome E. Listeski



ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____

Address _____

1) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My/our child wishes to participate in the sport(s) of (list all)
_____ during the _____ school year.

I/We realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with our child's participation in the above listed sports and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION
FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC
ATHLETICS - BOYS AND GIRLS

*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name: _____
Last Middle Initial First

Place of Birth (Cty.,St.) _____ Age: _____ Sex _____

Date of Birth: _____ Weight: _____ Height: _____

Grade _____ School: _____ City: _____

The above named student has been examined and there are no apparent restrictions to participating in interscholastic athletic activities except as follows:

Sports or school activities in which this student cannot participate are (if none - write NONE):

*If approved for only one year of competition, check here. _____

Signature of Licensed Physician or Surgeon: _____
(print or type)

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Examination: _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.

ST. JOSEPH ATHLETIC ASSOCIATION STUDENT PARTICIPATION FORM (DUE 6/1/2011)

Parent/s Name _____
 Address _____
 City, State, Zip _____
 Phone _____ (home) _____ (work)

Email address for Athletic Association _____

PLEASE NOTE THE EMAIL ADDRESS IS VERY IMPORTANT BECAUSE IT IS OUR MAIN COMMUNICATION TOOL.

Please provide the name, grade, and birthday of your children participating in St. Joe's athletic programs for the 2011-2012 season:

	NAME	GRADE	GENDER	BIRTHDAY
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

In the table below, indicate which sport or sports your child plans to participate in during the 2011-12 school year by placing an **X** in the appropriate column/s. In the final two columns, indicate your child's preferred shirt and shorts sizes.

Student's name	Grade (11-12)	Volleyball	Basketball	Track	Shirt Size*	Shorts Size*

*Use the following abbreviations: YM = Youth Medium, YL = Youth Large, AS = Adult Small, AM = Adult Medium, AL = Adult Large, AXL = Adult Extra Large

In order for your child to participate in St. Joe's athletics next year, THIS FORM MUST BE SUBMITTED BY JUNE 1ST, 2011. Please return to:

St. Joseph's School Office
 c/o Mary Smrz— Athletic Association

OR mail to:

Mary Smrz
 12665 W. Center St.
 Brookfield, WI 53005
 (414) 897-2240