

ST. PATRICK-ST. VINCENT HIGH SCHOOL ATHLETIC DEPT. PARENT PERMISSION & MEDICAL EMERGENCY FORM

PLEASE CIRCLE THE APPROPRIATE SPORTS

FALL SPORTS- FB GVB GTEN XC WP GGOLF CHEER FLAG

WINTER SPORTS- BBB GBB BSOC GSOC WR

SPRING SPORTS- BASE SB TR SW BGOLF BVB BTEN

We the undersigned parents/legal guardians of _____, do hereby give permission for the above named student to engage in INTERSCHOLASTIC ATHLETICS. I also give my consent for the above named student to accompany the team as a member on off-campus trips. *I understand that some practices will take place off-campus and give permission for the above named athlete to participate in off-campus practices.*

I understand that the school insurance policy covers injuries for all athletics at St. Patrick St. Vincent EXCEPT INTERSCHOLASTIC FOOTBALL. Participation in tackle football requires proof of insurance. A supplemental policy is available for a fee that is set by the insurance carrier. Proof of insurance/application for supplemental policy is available in the Athletic Directors office.

I understand that the above named student will not be allowed to practice and/or compete until this permission and medical form is filled out completely. The athlete's current physical examination form must also be on file in the Administration Office annually, and the **Athletic Fee of \$125** must also be paid prior to the season of participation. **(\$125 first sport, \$125 second sport, and third sport-FREE)**

We the undersigned parents/legal guardians of _____, do hereby consent to any examination, medications, anesthetics, medical and surgical treatment that may be rendered based on recommendations that may be made by the physicians of the serviced selected. It is understood that this consent is given in advance of any accident or illness that requires diagnosis and treatment, but is given to encourage the doctors to use their best judgment and proceed immediately with the necessary treatment. The signing of this form presupposes authorization until parents are notified. This authorization shall remain effective through the school year.

Parent/Legal Guardian

STUDENT STATEMENT OF PARTICIPATION:

I _____, wish to apply to compete in INTERSCHOLASTIC ATHLETICS. This request is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the North Coast Section or CIF. I also understand that I will not violate any of the SPSV Athletic Dept. Expectations.

Student Signature

9 10 11 12
Circle Grade

Date of Birth

Home Telephone		Insurance Co.	
Mother Cell #		Family Doctor	
Father Cell #		Policy Number	

List Allergies/Restrictions/or Medical Conditions:

PLEASE COMPLETE AND SIGN BOTH SIDES

ATHLETE EJECTION POLICY NOTIFICATION FORM **(North Coast Section Ejection Policy)**

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995-96 school year, (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc).

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.
Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).
2. Illegal participation in the next contest by a player ejected in a previous contest.
Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.
Penalty: The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench to begin or participate in an altercation.
Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).

CALIFORNIA INTERSCHOLASTIC FEDERATION -STERIOD POLICY

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member school shall have participating students and their parents/legal guardians agree that the athlete will not use steroids without the written prescription of a fully licensed physician (recognized by the AMA) to treat a medical condition (Bylaw 524)

By signing below, both the participating student-athlete and the parent/legal guardian hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. We also recognize that under CIF bylaw 200.D, there could be penalties for false or fraudulent information. We also understand that the St. Patrick St. Vincent High School policy regarding the use of illegal drugs will be enforced for any violation of these rules.

SPSV ATHLETIC DEPT.- EXPECTATIONS

- *Dress in a manner that reflects favorably on yourself, your team, and your school.
- *Remember that your first responsibility is toward your academic pursuits and family, your second responsibility is toward your athletic team.
- *Be punctual for all classes and team meetings.
- *Maintain a minimum 2.0 G.P.A.
- *Refrain from using any controlled substance, alcohol or tobacco products-use may result in suspension from participation or dismissal from team.
- *Control your emotions during athletic competition;
 - Do not argue with officials or members of opposing teams
 - No fighting or unsportsmanlike behavior - may result in suspension from participation
- *Attend school the day of the athletic event (4 class periods minimum).
- *Follow regulations in the Student Handbook, **PLUS** team rules handed out by individual coaches.

Signing this document verifies that I have read, understand, and agree to follow all the rules and regulations found in: NCS Ejection Policy, CIF Steroid Policy, SPSV Athletic Dept. Expectations

Student's Signature _____(Date)_____

Parent/Guardian Signature _____(Date)_____

