

****If completing this packet in Adobe Acrobat/Reader, please save the file to your local computer for your records. Some versions of Acrobat Reader do not allow saving. Always print a hard copy before closing.**

CYO Fall Season will begin around August 7th. Girls 4th to 8th grade and Boys 4th to 8th grade may participate. Coaches will contact players to notify them of conditioning and practice times and dates. To participate please mail registration form, completed Sportsmanship/Insurance, Concussion Awareness Form, and Player Fee by **May 16, 2017 to ensure placement on your appropriate team**. Other forms are available on the MCES Monroe Website in the CYO Sports Link. A sports physical completed and signed by a physician must be completed by the first day of practice. MHSAA physical forms are available on the MCES website, www.mcesmonroe.com under the student life tab.

Player Registration Form

Athlete's Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Grade: _____ Date of Birth: _____

School Attending or Faith Formation Student: _____

Please indicate which parish the family is a participating member of:

- St. Mary Parish
- St John Parish
- St. Michael Parish
- Faith Formation
- Other _____

All checks are made payable to St. Mary Parish, no matter which parish you belong to.

Parent Names _____

Parent Phone: _____ / _____

Please indicate which sport student desires to play:

- Girls Volleyball (4th to 8th grade) -\$85 per season
- Boys Football (4th to 8th grade) -\$125 per season
- Cheerleading (4th to 8th grade) -\$75 covers both cheer seasons
- Coed Soccer (4th to 8th grade) -\$90 per season

Mail to: St. Mary Middle School, Attn: Sarah Olson, 151 N. Monroe St., Monroe, MI 48162

Questions? E-Mail Our Athletic Director, Sarah Olson at synchrosarah@gmail.com

- Please note we have necessarily transitioned to dynamic pricing per sport. This allows for current and future equipment/uniform purchases and account for the cost of various league play fees, referee fees and insurance. We intend to keep these prices stable into the coming years.
- When filling this form electronically in Adobe Acrobat- filling in the signature box represents your signature. Please note some boxes will now auto fill for your convenience. The MHSAA physical is fillable but a printed out hard copy will ultimately be required to be signed by the physician.

Monroe CYO Code of Conduct

Monroe CYO athletics play an important role in promoting the faithful, physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions during youth sports events and agree to the following:

1. I will not encourage or engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not encourage or engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
3. I will not use, permit my child, or any other person, to use drugs or alcohol at a youth sports event and will not permit my child, or encourage any other person, to attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
4. I will not encourage or engage in the use of profanity in any way, or anything against God's Commandments.
5. I will treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
6. I will not encourage or engage in verbal or physical threats, scuffle, fighting, harassment or abuse aimed at any coach, parent, player, participant, official or any other attendee.
7. I will not engage in any other disruptive behavior or conduct that would be detrimental to CYO sports as a whole, or any individual team. This includes conduct by athletes while attending any school or school function. Athletes ineligible to attend school are ineligible to participate in CYO activities.

If I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a Monroe CYO youth sports event I will be subject to disciplinary action, including but not limited to the following in any order:

Verbal Warning, Written Warning, Suspension of any length, Permanent removal

Parent Name

Signature

Date

CYO Picture Release

Athlete Name:

Open to all pictures of their children appearing on the website or in newspapers.

Open to pictures of their children appearing on the website or in newspapers, but would like to view them first.

No pictures to appear on the website or in newspapers at all.

Parent Name:

Parent Signature:

Date:

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places by parent or guardian or 18-year-old.

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

STUDENT'S NAME:	LAST	FIRST	SEX	GRADE	DATE OF BIRTH	AGE
STUDENT'S ADDRESS:	STREET		CITY		ZIP	
FATHER'S / GUARDIAN'S NAME	WORK PHONE		MOTHER'S / GUARDIAN'S NAME		WORK PHONE	
FAMILY DOCTOR	OFFICE PHONE		HOME PHONE			

INSURANCE STATEMENT & MEDICAL HISTORY

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

- Family Insurance Co. _____
- Contract # _____
- Signature of Parent or Guardian or 18-Year-Old: _____

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Have you ever had:			Do you now have:		
Fainting			Kidney Disease			Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
			Do you now have:					
Poliomyelitis			Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions					
Heart Disease			Blackouts					

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & Returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia / Testicular Exam		
Teeth - Cavities			Neurologic		
Orthopedic			Muscular		

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 - TENNIS - TRACK - VOLLEYBALL - WRESTLING

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

SIGNATURE OF EXAMINER: X	CIRCLE ONE: MD DO PA NP
PRINTED NAME OF EXAMINER:	DATE:

MEDICAL TREATMENT CONSENT

To be 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.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD _____ DATE _____

X



STUDENT AND PARENT OR GUARDIAN CONSENT FORM

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

PLEASE PRINT:

STUDENT'S COMPLETE LEGAL NAME:			LAST	FIRST	MIDDLE
STUDENT'S DATE OF BIRTH:	MONTH	DAY	YEAR	CITY	STATE
CIRCLE 7 8 9			PLACE OF BIRTH:		
GRADE: 10 11 12			SCHOOL:		

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

SIGNATURE OF STUDENT _____ DATE _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I 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; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD _____ DATE _____

This form must be on file in the school office before practicing with any athletic team.

(Please Print)

EMERGENCY INFORMATION - To be completed by Parent or Guardian or 18 yr. old

Student's Name: _____	Grade: _____
	Phone: _____
IN EMERGENCY 1) _____	Phone: _____
CONTACT: _____	
or 2) _____	
My Family Doctor Is: _____ . Please detail any special medical information _____	
_____ (allergies, known drug reactions, current prescribed medications)	