

School of Saint Elizabeth Athletics: Registration Form

Athletic Director: Miss Denise Killeen

908-766-0244 ext. 25

Principal: Mrs. Christine Benson

908-766-0244 ext. 11

Athletic Program Registration 2007– 2008

Name _____ Grade _____

Address _____

Phone # _____ Email _____

Please allow our son/daughter to compete in school athletics in the following program/s:

_____ Fall Girls' Field Hockey - Grades 5 -8

_____ Fall Girls' Volleyball – Grades 5-8

_____ Fall Boys' Volleyball – Grades 3 – 8

_____ Coed Sports Clinic (Fall & Spring) Grades K-2

_____ Fall Coed Saturday Basketball Clinic – Grades 3-8

_____ Winter Girls' Basketball – Grades 3 – 8

_____ Fall Boys Varsity All Sports Night – Grades 7/8

_____ Winter Boys Basketball – Grades 3-8

_____ Fall Coed XCcountry

– Grades 3-8

_____ Spring Coed Track – Grades 3-8

_____ Golf – Grades 3-8

_____ Spring Girls' Softball – Grades 5 –8

Programs may be added pending coaches and facility availability.

I/We the parents of the above named child, who is a candidate for an athletic position on the School of Saint Elizabeth's Team/s, hereby give my/our son/daughter approval for participation. I/We assure all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do hereby release, absolve, and indemnify and hold harmless organizers, supervisors and any person transporting my/our child to and from the activities. I/We understand that the organizers carry limited medical insurance and that I/We will not be reinstated unless a note from a physician is presented to the administrator in charge.

We have read the Saint Elizabeth Athletic Policies and Procedures and understand our responsibilities.

_____ Date _____

Parent/Guardian Signature

Athletes Signature

The Association Fee, made payable to "Saint Elizabeth Athletics" is required at time of registration.

School of Saint Elizabeth Athletics: Emergency Contact Form

Seney Drive, Bernardsville, N.J. 07924

908-766-0244 (ext. 25)

Emergency Medical Information for the School of Saint Elizabeth Athletic Programs 2007-2008

Name _____ Age _____ Date of Birth _____

SS# _____ Tel. # _____

Address _____

Fathers Name _____ SS# _____ Home Tel# _____

Employer _____ Work # _____

Employer's

Address _____

Mother's Name _____ SS# _____ Home Tel# _____

Employer _____ Work # _____

Employer's Address _____

If a parent cannot be reached, who should the school contact to be responsible for the athlete?

Name _____ Relationship _____

Home Tel # _____ Cell # _____

Family Physician _____ Tel # _____

Allergies (include allergies to medicines, food and insects) _____

Physical disorders _____

If athlete is currently taking medicine, please list _____

Contact Lenses _____ Dental Appliances _____

Primary Insurance Co. _____ Tel # _____

Policy Issued to _____

Policy # _____ Group# _____ Expiration Date _____

Dear Parents:

Kindly complete the information on this form. Reliable information is necessary should a sudden accident or illness occur while your son/daughter is participating in athletics. We will, of course, attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the school authorities, or hospital to use their best judgment in the interest of your child's health.

Emergency Treatment Permission

In the event of a serious, or potentially serious medical emergency and I cannot be contacted, I grant permission for medically-trained school staff to perform whatever supportive measures they deem necessary until such time as either; professional medical personnel can attend; or, transportation to a regular medical facility can be arranged. Authorization is hereby given to any doctor or hospital to perform any necessary emergency treatment of my child.

Signature of Mother _____

Signature of Father _____

School of Saint Elizabeth Athletics: Medical Examination Form
Physical Exam to be complete and form signed by Physician

Seney Drive, Bernardsville, N. J., 07924 908-766-0244 (ext. 25) <http://school.nj.com/school/selizabeth>

Athletic Medical Examination Form: 2007-2008

Name: _____

Date of Birth _____ **Grade** _____

Medical History Questionnaire: To be completed and signed by parent/guardian.

Please check all areas of participation:

Girls Field Hockey 5-8
 Girls / Boys Volleyball 5-8
 Coed Cross Country 3-8
 Coed All Sports Clinic K-2
 Boys Volleyball 5-8
 Boys Varsity All Sports Night 7/8
 Girls / Boys Basketball 3-8
 Girls Softball 5-8
 Coed Track 3-8 Golf

1. Has athlete ever been told not to participate in any sport because of medical problems? _____
2. Is the athlete taking any medications on a regular basis, or presently under a physician's care for an ailment? _____
3. Has the athlete ever been unconscious or lost memory from a head injury? _____
4. Has the athlete ever had a fracture, dislocation or serious injury? _____
5. Has the athlete ever been in the hospital for an operation or any other reason? _____
6. Does the athlete have any allergies including hives, asthma, or reaction to bee stings or medication? _____
7. Has the athlete ever had a convulsion (seizure)? _____
8. Has the athlete ever been told that he/she had a heart murmur, high blood pressure, extra heart beats, a heart abnormality or experienced chest pains or palpitations? _____
9. Does the athlete have any vision or hearing defect? _____
10. Has the athlete ever "passed out" or been very dizzy during exercise? _____
11. Has any member of the family under age 50 had a heart attack, heart problems, high blood pressure, or sudden death? _____

Explain and give reasons for any "Yes" answers, including approximate dates on the opposite side of this form.

Please allow my son/daughter to compete in school athletics.

Parent's Signature _____ Date _____

PHYSICIAN

Date of last tetanus booster _____ Date of last physical _____

I have examined the above named athlete as indicated by the date listed above. This athlete is physically fit to participate in the sport/s indicated.

Physician's Signature: _____ **Date:** _____

School of Saint Elizabeth Athletics

Athletic Director: Miss Denise Killeen

908-766-0244 ext. 25

Principal: Mrs. Christine Benson

908-766-0244 ext.11

Dear Saint Elizabeth School Community,

I am distributing all necessary Athletic Registration Information in June for the coming school year of 2007 – 2008. This will allow you the summer months to take your child to your physician for a physical. I am asking that all forms be complete and sent to the school office by August 27, 2007. **All forms are required to be complete.**

I would like to offer all students the opportunity to be part of this rewarding program by being part of the Athletic Association. To participate in any after school sport a student must first become a member of the Athletic Association, complete the form below, complete the necessary medical and emergency forms and submit payment of the association fee.

Our athletic Program is based on availability of facility and volunteer coaches. Please use our program from last year as a basis of registering for next year. Our current program includes:

Fall & Spring Grades K-2 Coed All Sports Clinic

Fall Grades 5-8 Girls Field Hockey

Fall Grades 5-8 Boys Volleyball

Fall Grades 7-8 Boys All Sports Night

Fall Grades 3-8 Coed Cross Country

Winter Boys and Girls Grades 3-8 Basketball

Fall Grades 3-8 Coed Saturday Basketball Clinic

Spring Grades 3-8 Coed Track

Fall Grades 5-8 Girls Volleyball

Spring Grades 5-8 Girls Softball

Golf Grades 3 - 8

The Association Fee is: \$200.00 per athlete for all sports and basketball (There has been an additional fee of \$25.00 for basketball due to rising costs for referee and league fee's.)

\$175.00 per athlete for grades 3-8 for all sports except basketball.

\$75 per athlete in grades K-2.

Maximum fee per family is \$450.00

The fee includes referee, umpire, meet entry fees, equipment for games and practices, first aid kits, scorekeeper pads, uniforms etc. Every Association member and their parents only will participate in the Athletic Banquet at the end of the year. The fee covers the cost of the banquet for athlete and parents only, coach's gifts and athlete awards.

If you would like to be part of the Saint Elizabeth Athletic Association, please fill in the form below and return to school office. Please make checks payable to: **Saint Elizabeth Athletics**. I look forward to another excellent year of athletics for our students! Go Saints!

Miss Killeen

My child/children

Child

Grade

Child

Grade

Child

Grade

Child

Grade

would like to be part of the Saint Elizabeth Athletic Association.

Parent Signature _____

Date _____

School of Saint Elizabeth Athletics

Dear Parents,

The success of the Athletic Program depends on our parent's willingness to give of their time and talents for our students. Please consider taking a role in our Athletic Program to help instill life values through participation in sports. Values such as making a commitment to a team, working towards a goal and dealing with adversity are life lessons which help in the formation of strong character. **All of our parent volunteers have said that their experience as a coach has enriched their life.**

If you can offer time, coaching or organizational skills please check off the areas where you can help in the form below. We are all very grateful for any service you are able to contribute.

I am interested in volunteering for the following:

_____ Team Coach	Sport/s (please circle)	Grades_____
_____ Team Assistant Coach	Coed Cross Country (Fall)	Coed Track (Spring)
_____ Team Parent	Boys Basketball (Fall/Winter}	Girls / Boys Volleyball (Fall)
_____ Fundraising	Girls Basketball (Fall/Winter)	Girls Softball (Spring)
_____ Concession Stand Chair / Co-Chair	Girls Field Hockey (Fall)	K-2 All Sports Clinic (Fall/Spring)
	Boys Varsity All Sports Night (Fall)	Golf

Name_____ Cell Phone_____

Home Phone_____ Email_____

Business Phone_____

Suggestions/Comments_____

I would like to contribute \$_____ to our Athletic Fund. (Any amount is appreciated!)

Please return this form to Miss Killeen at your earliest convenience.

School of Saint Elizabeth Athletic Policies and Procedures

1. The STUDENT comes first in the student athlete. As stated in school policy passing grades and appropriate classroom behavior is required for participation. After grades are issued if a student has received a failing grade or “check” for behaves inappropriately he/she will be put on a two-week period of probation and not allowed to attend practice/games. If during this two week period the athlete shows improvement than he/she, with written teacher approval, may return to the sport
2. Attendance will be kept at all practices and games. To be a member of a Saint Elizabeth athletic team the student must participate in 80% of all scheduled practices and 100% of all scheduled games. This does not include excused practices / games. If you are unable to attend a practice or a game you must contact your coach 24 hours in advance.
3. St. Elizabeth practice and games take priority over other activities. If a student chooses to participate in another activity other than scheduled basketball practice, their choice will result in reduced playing time on the St. Elizabeth team. For those players who have attended practice, and have practiced maturely, the coach will make every attempt to play those players for a meaningful period of time over the course of the season.
4. The goal of every St. Elizabeth athletic team is the individual development of the student athlete. Life lessons such as commitment to a team, the value of good sportsmanship, dealing with adversity, discipline and improvement of self through learning the fundamentals are taught and developed both at home and on the court/field during practice and games.
5. “Win at all costs” is not part of the St. Elizabeth athletic program. At the beginning of each game we expect our teams to play to win. We will play to win but substitute as the course of the game dictates. Our emphasis is Team, Team, Team and the individual development of the student athlete. Each win and loss is an opportunity to discuss how the game was played, what was learned, how the players feel they interacted and changes or strategies that need to be made for future games.
6. For grades 3 – 6 all students will be participating in the Morris County Catholic Basketball League. The rules of the league require all athletes receive an equal amount of playing time for the first three quarters and the coach determines play – time for the fourth quarter. For grades 7 & 8, the coach determines play – time; we play to win but use the team. Equal play time does not apply to a team participating in an Independent Tournament. Play – time will be determined by the coach when participating in an Independent Tournament. The focus of all programs will be personal improvement through practice and play.
6. Teamwork, fair play and cooperation is emphasized at all practices and games. It involves attitude, fairness and a willingness to cooperate to have a successful experience for all. If a coach feels a player is acting in an unacceptable manner towards his teammates or coaches, that player will be given **one** warning and if the behavior continues the coach will ask them to leave practice or sit out a game. Team building and team social activities will be encouraged.
7. Players are responsible for their uniforms and any other school equipment associated with the

sport. If uniforms are not returned at the end of the season, the player will have to pay to replace them

8. Students must be supervised by an adult at all times. Students are to remain in the hall until their designated practice time. They may enter the gym when their coach arrives. There must be a parental volunteer, coach or teacher present when students are practicing.

9. Proper attire is required for all practices and games. Jewelry is prohibited.

10. The Association registration fee, Registration form, the Emergency/Medical Information form and the Medical Examination form must be returned before the first practice.

11. Game equipment is provided; students should not bring equipment.

12. Only coaches, teachers or parents are allowed in the equipment room. Students are not allowed in the equipment room.

13. Students may have water bottles at practice / games. No food or other drink is allowed in the gym.

14. Parents will be required to volunteer for the Basketball Program and other sports as needed. Volunteer assignments for parents at games and meets are a necessary for your child to participate in athletics.

This form is to be kept by the athlete.

School of Saint Elizabeth Athletics

Athletic Director: Miss Denise Killeen **908-766-0244 ext. 25**
Principal: Mrs. Christine Benson **908-766-0244 ext. 11**

Dear Parents,

Enclosed are the forms necessary to complete for your child to participate in the school of **Saint Elizabeth Athletic Program**. Please be sure to read through each of the following items and adhere to the individual instructions and deadlines. The forms are being sent out at this time so they may be completed as soon as possible. All forms are to be returned to the main office at school.

- **Registration Form** to be completed signed and returned to Miss Killeen before athletes attend the first practice.
- **Emergency Medical Information Form** to be completed signed and returned to school before athletes attend the first practice.
- **Athletic Medical Examination Form** which requires a physician's signature. All children participating in athletics are required to have received an annual physical; therefore your physician's recommendation may be based on this examination. Please return the completed form, signed by your child's physician by August 27, 2007.
Only one medical form is needed per season. Be sure to check off all areas of participation in the box at the top of the medical form.
- **Athletic Policy and Procedure Form** to be read, signed and followed.

I appreciate your assistance by completing all the necessary forms so our students can have another fulfilling experience in school athletics. Student is always first in the student athlete; therefore, passing grades and appropriate classroom behavior are required for participation in all programs. Thank you for your cooperation and please do not hesitate to all me at school if you have any questions.

God Bless,

Miss Denise Killeen
Athletic Director

