



### STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

PARTICIPANT'S NAME:		
ADDRESS:		
CITY:	ZIP:	PHONE:
PARENT/LEGAL GUARDIAN:		
ADDRESS:		
EMPLOYER:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
OTHER EMERGENCY CONTACT PERSON:		PHONE:

#### MEDICAL INFORMATION

FAMILY PHYSICIAN:	PHONE:
GROUP/ADDRESS:	
HOSPITAL OF PREFERENCE:	

#### INSURANCE INFORMATION

SUBSCRIBER:	GROUP NUMBER:
POLICY NUMBER:	COMPANY:
PRE-EXISTING MEDICAL CONDITIONS:	

I authorize the coaching staff to provide emergency medical treatment of any 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 judgment may be deemed necessary in the care of (child's name) \_\_\_\_\_

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



ARCHDIOCESE  
of MILWAUKEE

Form  
6145.2(b)

**PARENTS AND/OR LEGAL GUARDIANS  
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM**

PARTICIPANT:		BIRTH DATE:
ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		

My/our child wishes to participate in the sport(s) of (list all)

\_\_\_\_\_ during the \_\_\_\_\_ school year.

I/We will 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 our child's participation in the above listed sports and the potential injuries that may occur.

I/We will 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 SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**PHYSICAL EXAMINATION FORM - ATHLETIC PARTICIPATION**

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

**STUDENT INFORMATION**

STUDENT'S NAME:				
ADDRESS:		CITY:	STATE:	ZIP:
DATE OF BIRTH:		PLACE OF BIRTH:		
AGE:	SEX:	GRADE:	HEIGHT:	WEIGHT:
SCHOOL:			CITY:	

**PHYSICIAN'S RECOMMENDATIONS AND EXAMINATION**

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

<input type="checkbox"/> CLEARED WITHOUT RESTRICTION			
<input type="checkbox"/> CLEARED, WITH THE FOLLOWING QUALIFICATIONS:			
<input type="checkbox"/> NOT CLEARED <input type="checkbox"/> PENDING FURTHER EVALUATION <input type="checkbox"/> FOR ALL SPORTS <input type="checkbox"/> FOR CERTAIN SPORTS			
REASON:			
RECOMMENDATIONS:			
NAME OF PHYSICIAN (PRINT OR TYPE):			
SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP:			
ADDRESS/CLINIC:		CITY:	STATE:    ZIP:
TELEPHONE:		DATE OF EXAMINATION:	



### COACHES AGREEMENT

NAME:	HOME PHONE:	CELL PHONE:
ADDRESS:	CITY:	ZIP:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

#### COACHING EXPERIENCE:

SPORT(S):	DATES:

Are you certified as a coach or referee in any sport?  Yes  No

IF YES, WHAT?
WHEN?

Have you undertaken a "coaching" seminar or course?  Yes  No

IF YES, WHERE?
WHEN?

Are you First-aid/CPR/AED certified?  Yes  No

Do you maintain a valid Wis. Drivers license?  Yes  No License #: \_\_\_\_\_

Have you incurred any traffic citations in the last three years?  Yes  No

IF YES, WHAT?
WHEN?

Have you ever been convicted of, or pled guilty, or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance) or are you now subject to a pending criminal charge?

Yes  No If yes, describe in detail on a separate piece of paper.

I \_\_\_\_\_ wish to participate in the sport of \_\_\_\_\_ as a coach or coaches' assistant. I have reviewed the Archdiocesan rules and regulations for the previously mentioned sport and agree to abide by them.

I certify that the information provided by me above is true and complete to the best of my knowledge. I understand that if I am accepted as a coach, any false statements or omissions may lead to termination of my duties, and I agree that the parish/school shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

I authorize the parish/school to verify the information stated above by means of a criminal records check. I agree to follow the policies of the Archdiocese and the parish/school, and I pledge to join with the church in its efforts to provide a safe and secure environment for our children and youth.

SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



## TEAM MERGER REQUEST

We request to merge one or more teams due to a shortage of players. We have completed the checklist locally and have secured the necessary approvals for this merger.

SPORT:	SEASON/YEAR:	
GRADE:	GENDER: BOYS: <input type="checkbox"/>	GIRLS: <input type="checkbox"/>
NAME OF LEAGUE:		

SCHOOLS/PARISHES INVOLVED:	

CHECKLIST	YES	NO	N/A
The principals of all schools are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pastors of all parishes are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The athletic directors/coordinators are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The parishes are geographically compatible.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All children in affected grade(s) have been contacted and will be allowed to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ANY SPECIAL CIRCUMSTANCES? PLEASE EXPLAIN:

PASTOR SIGNATURE:	PARISH:
PASTOR SIGNATURE:	PARISH:
PRINCIPAL SIGNATURE:	SCHOOL:
PRINCIPAL SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
LEAGUE APPROVAL:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

This form is to be completed annually and sent to league director prior to the start of the sport season. A copy of the form should also be sent to: Archdiocese of Milwaukee, Office for Schools, PO Box 070912, Milwaukee, WI 53207-0097



**Form**  
6145.2(f)

## TEAM ROSTER

LEAGUE:	SPORT:	PARISH/SCHOOL:	
COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:
ASSISTANT COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:

BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> GRADE:    5 <sup>TH</sup> <input type="checkbox"/> 6 <sup>TH</sup> <input type="checkbox"/> 7 <sup>TH</sup> <input type="checkbox"/> 8 <sup>TH</sup> <input type="checkbox"/>	TEAM NAME:	TEAM COLORS:			
	PLAYER'S NAME:	PLAYER'S ADDRESS:	BIRTH DATE:	SCHOOL:	GRADE:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics.

SIGNATURE OF COACH:	DATE:	SIGNATURE OF ATHLETIC DIRECTOR:	DATE:
SIGNATURE OF PASTOR/PRINCIPAL:	DATE:	SIGNATURE OF DRE/CYF DIRECTOR:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form  
6145.2(g)

**COACHES CERTIFICATION  
LOCAL PERMANENT RECORD**

SCHOOL/PARISH:	CITY/TOWN:
SPORT:	

COACHES NAME:	BLOODBORNE PATHOGENS:	CORE PREPARATION DATE:	SPORT SPECIFIC CLINIC DATE:	SAFE ENVIRONMENT EDUCATION TRAINING DATE:
<i>Robert Sample</i>	<i>8/18/04</i>	<i>9/10/04</i>	<i>8/22/04</i>	<i>10/24/04</i>



### STUDENT TRANSFER WAIVER FORM

Date: \_\_\_\_\_

This letter is to confirm our request for a waiver of Archdiocese of Milwaukee Athletic Policy 6145.2.

\_\_\_\_\_ Parish/School requests a player's waiver in the name of the following student athlete: \_\_\_\_\_, who entered the school/religious education program for the \_\_\_\_\_ school year.

**This section to be completed by the parent- - - - -**

*The transfer to the new school/religious education program was for the following reason:*

PARENT SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**This section to be completed by parish/school personnel- - - - -**

We support this request to allow for an athletic waiver.

School/Parish Transferred From:	School/Parish Transferred To:
PASTOR:	PASTOR:
PRINCIPAL/DRE:	PRINCIPAL/DRE:
ATHLETIC DIRECTOR:	ATHLETIC DIRECTOR:
LEAGUE DIRECTOR:	LEAGUE DIRECTOR:

**This form is to be sent to:**  
Associate Superintendent, Archdiocese of Milwaukee, PO Box 070912, Milwaukee, WI 53207





Form  
6145.2 (i)

## COACHES' CONCUSSION ACKNOWLEDGEMENT FORM

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**As a coach it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Wisconsin State Statute 118.293.

### Coaches' Agreement:

I, \_\_\_\_\_, have read the Concussion Fact Sheet for Coaches and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

SIGNATURE OF COACH:		DATE:
SPORT:	SCHOOL:	
TEAM/LEAGUE:	GRADE LEVEL:	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



## PARENT AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed annually prior to participation in any sport.*

### Parent Agreement:

I, \_\_\_\_\_ have **read** the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

PARENT/GUARDIAN SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

### Athlete Agreement:

I, \_\_\_\_\_ have **read** the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

ATHLETE SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**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):
COACH:	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. Listecki</i>

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



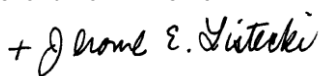
**COACH  
SPORTSMANSHIP PLEDGE**

**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 coach 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.
- Be a positive role model for all players, coaches and spectators.
- Provide encouragement and support for my players.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my players and their family members.
- Take responsibility for my actions.

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

COACH:	ARCHBISHOP JEROME E. LISTECKI: 
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form  
6145.2(m)

**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.

PARENT(S) /GUARDIAN(S):	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. Listecky</i>
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



## COMBINED PARISH ATHLETIC PROGRAM REQUEST

We request to form a combined athletic program with our cluster parish partners. It is the intent of our parishes to combine all teams at each grade level for all sports offered within the athletic program. We have completed the checklist locally and have secured the necessary approvals.

SPORT:	SEASON/YEAR:	
GRADE:	GENDER: BOYS: <input type="checkbox"/>	GIRLS: <input type="checkbox"/>
NAME OF LEAGUE:		

SCHOOLS/PARISHES INVOLVED:	

CHECKLIST:	YES	NO	N/A
The principals of all schools are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pastors of all parishes are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The athletic directors/coordinators are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each parish is encouraged to have representation on the athletic board. A copy of the Athletic Association Bylaws is attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All children in affected grade(s) have been contacted and will be allowed to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ANY SPECIAL CIRCUMSTANCES? PLEASE EXPLAIN:

PASTOR SIGNATURE:	PARISH:
PASTOR SIGNATURE:	PARISH:
PRINCIPAL SIGNATURE:	SCHOOL:
PRINCIPAL SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
LEAGUE APPROVAL:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

This form is to be completed annually and sent to league director prior to the start of the sport season. A copy of the form should also be sent to: Archdiocese of Milwaukee, Office for Schools, PO Box 070912, Milwaukee, WI 53207-0097



**ARCHDIOCESAN SPORTS STANDARDIZED SCHEDULE**

Sports seasons will not overlap. One season will end before the next begins.

Tryouts begin at the discretion of the school athletic departments anytime on or after the “practice begins” date provided the minimum number of practices are held prior to the start of the season.

Fall Season conference games cannot begin until after Labor Day.

Winter Season conference games cannot begin until after Thanksgiving.

Spring Season follows the winter season and run until the end of the school year.

<b>Fall Sports (Football, Soccer, and Volleyball)</b>			
<b>Labor Day Monday</b>	<b>Fall Season Practice Begins Monday</b>	<b>League Games Begin Tuesday-End Sunday</b>	<b>Elizabeth Seton Monday-Sunday</b>
September 1	August 11	9/2 – 11/2	10/27 – 11/2
September 2	August 12	9/3 – 11/3	10/28 – 11/3
September 3	August 13	9/4 – 11/4	10/29 – 11/4
September 4	August 14	9/5 – 11/5	10/30 – 11/5
September 5	August 15	9/6 – 11/6	10/31 – 11/6
September 6	August 9	9/7 – 11/7	11/1 – 11/7
September 7	August 10	9/8 – 11/8	11/2 – 11/8

<b>Winter Sports (Basketball, and Volleyball)</b>			
<b>Winter Season Practice Begins Monday</b>	<b>Thanksgiving Thursday</b>	<b>League Games Begin Friday-End Sunday (leap yr.)</b>	<b>Padre Serra Monday-Sunday</b>
November 3	November 27	12/5 – 3/22 (3/21)	3/5 – 3/22
November 4	November 28	12/6 – 3/23 (3/22)	3/6 – 3/23
November 5	November 22	11/30 – 3/17 (3/16)	2/28 – 3/17
November 6	November 23	12/1 – 3/18 (3/17)	3/1 – 3/18
November 7	November 24	12/2 – 3/19 (3/18)	3/2 – 3/19
November 8	November 25	12/3 – 3/20 (3/19)	3/3 – 3/20
November 9	November 26	12/4 – 3/21 (3/20)	3/4 – 3/21

<b>Spring Sports (Soccer, Baseball, Softball, and Track)</b>		
<b>Spring Season Practice Begins Monday</b>	<b>League Games Begin</b>	<b>Spring Sports Season Ends</b>
March 23	Variable	End of School Year
March 24	Variable	End of School Year
March 18	Variable	End of School Year
March 19	Variable	End of School Year
March 20	Variable	End of School Year
March 21	Variable	End of School Year
March 22	Variable	End of School Year