

ST. MONICA ACADEMY  
PARENT INFORMATIONAL PACKET

Parents,

At St. Monica Academy, athletics serve a vital purpose within our goal of developing the whole person: mind, body, and soul. Membership on a team builds a special camaraderie between fellow athletes, and demands that each member work towards the team's shared goals. Athletic training requires physical discipline and mental toughness. Striving for honorable victory on the field, court, or track leads to a desire for excellence, while accepting defeat with grace demonstrates a spirit of humility. It is our hope that St. Monica Academy students develop these virtues when they join an athletic team.

In addition to these lofty goals which we expect our students pursue with dedication, this athletic packet letter includes information on our athletic offerings, parent responsibilities, and necessary release forms which will enable your student to be a member of a sports team during the year.

Seasonal Sports:

St. Monica Academy currently offers various sports over the Fall, Winter, and Spring seasons.

**High School Fall Sports:** Girls Varsity Volleyball, Girls & Boys Cross Country

**High School Winter Sports:** Girls & Boys Basketball, Girls Soccer

**High School Spring Sports:** Boys Baseball, Girls Lacrosse, Boys Volleyball, Girls & Boys Swimming

High School approach:

Sports at the High School level are competitive in nature, and at this level students must have some developed ability in order to make the team. Students must understand that on any team there are various roles that must be filled, and all are important in helping the group achieve the common goal of victory. While High School coaches still teach and refine the skills of their respective sports in practice, they are not obligated to play every team member in games. However, they must make it clear to all of their players, no matter what their ability level, that being a member of a team is a privilege which will be limited or revoked if school and team policies are not followed.

General Athletic Requirements:

- Students must maintain at least 2.0 GPA. This is a school-wide requirement, and for high school athletes this minimum is set by CIF rules. The school can raise the minimum at the Headmaster's discretion.
- Students must attend practices. Practice schedules are set by the coaches, and students will not play if they miss regularly.
- There is a fee for every High School sport. The fee amount partially offsets the cost of referees, gym and field rental, equipment, and uniforms. High School **sports have a fee of \$110, with the exception of Cross Country which is \$85.**

## High School

### Additional High School Specific Requirements (PLEASE READ!):

- Students must get an annual physical examination in order to participate in CIF athletics. There is, however, an exception to this rule:

#### **California Education Code Section 49451**

A parent or guardian having control or charge of any child enrolled in the public schools may file annually with the principal of the school in which he is enrolled a statement in writing, signed by the parent or guardian, stating that he will not consent to a physical examination of his child. Thereupon the child shall be exempt from any physical examination, but whenever there is a good reason to believe that the child is suffering from a recognized contagious or infectious disease, he shall be sent home and shall not be permitted to return until the school authorities are satisfied that any contagious or infectious disease does not exist.

If parents/guardians opt to have their child undergo a physical examination, your doctor should provide the appropriate forms. **If parents/guardians do not want their child to undergo an athletic physical, they must indicate that they do not consent to physical on the bottom of the medical release form (see below).**

- If your child has transferred into St. Monica Academy as a Sophomore, Junior, or Senior, and he or she played in a particular sport at a prior high school, there may be CIF restrictions on his or her eligibility in that particular sport. Students who entered St. Monica Academy as Freshman, transferred in during their Freshman year, or later transfers who have not played any sport previously have full eligibility. Please contact the Athletic Director (see below) in order to determine your child's status.
- If your child would like to play an individual sport that is not offered directly by St. Monica Academy they may compete under freelance status, in which they play for St. Monica Academy but in varying leagues and divisions. Competing under this status will involve significant parental involvement in building schedules and athlete supervision. Please meet with the Athletic Director for more information.

Athletic Director for High School: Mr. Bradley, [bradleyd@stmonicaacademy.com](mailto:bradleyd@stmonicaacademy.com)

High School

**ST. MONICA ACADEMY  
HIGH SCHOOL ATHLETICS**

**AGREEMENT AND RELEASE OF LIABILITY**  
(With consent of Parent or Guardian of Minor)

DATE \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN(S) \_\_\_\_\_

NAME OF PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARISH/SCHOOL: St. Monica Academy GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

PLEASE INDICATE SPORT:    Girls/Boys Volleyball                      Girls Lacrosse                      Girls/Boys X-Country  
Girls Basketball       Girls Soccer       Boys Basketball                      Girls/Boys Swimming       Boys Baseball

I acknowledge that participating in the sports of basketball, baseball, lacrosse, swimming, soccer, cross country and volleyball (the "Sports") can be dangerous activities involving many risks of injury. I, in consideration of the acceptance of me by St. Monica Academy as a member of a sports team release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against St. Monica Academy, or their respective trustees, officers, employees, coaches, agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by me directly or indirectly in connection with my participation in any of the Sports during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and St. Monica Academy and that the terms hereof are contractual and not a mere recital. I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me (except for:

\_\_\_\_\_).

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN OF A MINOR: I, as parent or guardian of the Student, represent to the CIF that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf on my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

High School

**ST. MONICA ACADEMY  
HIGH SCHOOL ATHLETICS  
MEDICAL RELEASE**

Our permission is hereby given to the representative of the school to authorize, by his/her signature whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medication emergency involving:

*Please print*

Student's name \_\_\_\_\_

Birth date \_\_\_\_\_ Place of birth (city/state) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Dad's work phone \_\_\_\_\_ Mom's work phone \_\_\_\_\_

Emergency contact (if parents cannot be reached) \_\_\_\_\_

Phone \_\_\_\_\_ relationship to student \_\_\_\_\_

Insurance company \_\_\_\_\_ Plan # \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, reactions, medical conditions \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION**

(CHECK ONE)

\_\_\_\_\_ I consent to a physical examination for my child and have attached a doctor's examination report to these permission materials.

\_\_\_\_\_ I do not consent to a physical examination for my child.

Parent/Guardian Signature: \_\_\_\_\_