ST. MONICA ACADEMY ATHLETICS PARENT INFORMATIONAL PACKET

Dear 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:

7th-**8**th **Grade Fall Sports:** Girls A Volleyball and Boys A Flag Football **5**th-**6**th **Grade Fall Sports:** Girls B Volleyball and Boys B Flag Football.

7th-8th Grade Winter Sports: Girls A Basketball and Boys A Basketball 5th-6th Grade Winter Sports: Girls B Basketball and Boys B Basketball

5th-8th grade approach:

A heavy emphasis within our 5th-8th grade level sports is placed upon learning how to play the various sports. Players will only have to "make the cut" if the number of students exceeds the maximum that a coach can effectively work with. Coaches at the 5th-8th level should strive to get each team member some meaningful playing time throughout the season. That being said, part of the joy of sports is to compete for victory. Coaches are not expected to make no attempt to win, or to make substitutions with no regard for the state of the particular contest, but the competitive drive must be balanced with the need to teach every member of the team to play the respective sport as well as he or she can. Missed practices and/or poor behavior will diminish a student's playing time.

General Athletic Requirements:

- ① Students must maintain at least 2.0 GPA.
- ① Students must attend practices. Practice schedules are set by the coaches, and students will not play if they miss regularly or without informing the coach.
- There is a fee for every sport. The fee amount *partially* offsets the cost of referees, gym and field rentals, equipment, and uniforms. The fee is \$75 per student for A level, and \$50 for B level, due on the first day of practice, payable online or by check made out to St. Monica Academy.

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CYO ATHLETICS

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

DATE		,		
NAME OF PARENT(S)/GUARDIA	AN(S)			
NAME OF PLAYER		PHONE		
ADDRESS	ZIP	DATE OF BIRTH		
PARISH/SCHOOL: St. Monica Aca	ademy_GRADE	SCHOOL YEAR		
PLEASE INDICATE SPORT:	Girls Volleyball	Boys Flag Football		
Girls Basketh	pall Bo	ys Basketball		
volleyball (the "Sports") can be datacknowledge that Catholic Youth Sports formed to advance league play of the Standard all liabilities, claims, losses, demand which I have or which may hereafter their respective trustees, officers, erromoters or affiliates, arising from or which may be sustained by me directly Sports during or following the above so and Release of Liability contains the experiments of the sports of the sustained by me directly sports during or following the above so and Release of Liability contains the experiments.	angerous activities is orts Organization, In Sports, the efforts of a participant in a spands, costs, expenses, of accrue to me against apployees, coaches, ar by reason of any beyor indirectly in conchool year. I agree, for entire agreement betweetal. I currently have	cball, baseball, football, softball, track and nvolving many risks of injury. I further c. (the "CYO") is a non-profit corporation which directly benefit me. I, in consideration orts league release and forever discharge any or rights of action, of whatever kind or nature, the CYO, the parish/school listed above, or agents, administrators, members, sponsors, odily or personal injury or property damage nnection with my participation in any of the or myself and successors, that this Agreement ween myself and the CYO and that the terms een o known physical or mental condition that and expected of me (except for		
SIGNATURE OF STUDENT:		DATE		
that the facts herein concerning my ch	ild or ward are true. ng the above school	guardian of the Student, represent to the CYO I hereby give my permission for my child or year, and further agree, individually and on ment and Release of Liability.		
SIGNATURE OF PARENT OR GUAR	RDIAN	DATE		

(Fill out back side as well)

ST. MONICA ACADEMY 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 (cit	ty/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		