

# OUR LADY OF MERCY CATHOLIC SCHOOL

## ATHLETICS COMMITMENT FORM 2011-12

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Parent's Name \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Academic Eligibility: Per the PECSAA League and OLM Athletic Handbooks, a student must maintain a "C" average overall with NO "Fs"/failures at interim progress report time or actual report card time. If an athlete's grade are failing, he/she will be removed from the team for at least 2 weeks. After that two week period, a reassessment will be made by the principal and teachers at which time the student may or may not be reinstated. All subjects are included in the computation of the student's grade average. The principal notifies the Athletic Director of a student's ineligibility to play and gives notification of reinstatement.

I (the above named student), am committing to participation in the sport(s) that I have indicated below. I am also committing to the academic eligibility requirements and to full participation in the practices that are part of every sport. I understand that in some cases, try-outs are required and I may not make the team.

<u>SPORT</u>	<u>GRADES</u>	<u>FEE</u>
_____ Co-ed Varsity Volleyball	7-8	\$35
_____ Co-ed Jr. Varsity Volleyball	5-6	\$35
_____ Varsity Basketball	7-8	\$50
_____ Jr. Varsity Basketball	5-6	\$50
_____ Jr. Varsity Cheer	5-6	\$35
_____ Varsity Cheer	7-8	\$35
_____ Co-ed Softball	7-8	\$50
_____ Co-ed Track	K-8	\$35

PARENTS: By signing this form, you are 1) giving permission for your child to participate, 2) acknowledging the academic eligibility requirements, 3) committing to getting you child to and from practice and games 4) supporting the athletic program with volunteer hours (not part of the overall OLM Volunteer hours) and 5) paying the program fees. Your signature also gives your child permission to attend practices away from Our Lady of Mercy School wherever the athletic department announces as a practice location.

NOTE: Program fee is non-refundable unless the particular sport is cancelled due to lack of participation or unless the student does not make the team during tryouts.

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

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# OUR LADY OF MERCY CATHOLIC SCHOOL

## PARENT PERMISSION FORM FOR ATHLETICS

Name: \_\_\_\_\_ Gender: M / F Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Sport (s): \_\_\_\_\_

**HISTORY:**

		<u>Yes</u>	<u>No</u>
1.	Have you ever been hospitalized or had surgery?	Y	N
2.	Are you presently taking any medication or pills?	Y	N
3.	Do you have allergies? (medicine, bees, insects, food, etc.)	Y	N
4.	Have you had any of the following conditions?		
	Passed out or been dizzy during/after exercise?	Y	N
	Had chest pain during/after exercise?	Y	N
	Had high blood pressure?	Y	N
	Been told you had a heart murmur?	Y	N
	Racing of your heart or skipped heartbeats?	Y	N
	Anyone in your family died of heart problems or suddenly before age 50?	Y	N
	Any bleeding/clotting problems?	Y	N
5.	Do you have skin problems (itching, rashes, acne)?	Y	N
6.	Have you had any of the following conditions?		
	Knocked out or unconscious?	Y	N
	Had a seizure?	Y	N
	Had a head injury?	Y	N
	Had a pinched nerve?	Y	N
	Had a muscle or heat cramp?	Y	N
	Been dizzy or passed out in the heat?	Y	N
7.	Do you have trouble breathing or do you cough during/after activity?	Y	N
8.	Do you have asthma?	Y	N
9.	Do you use any special equipment (neck rolls, pads, braces, mouth or eye guards)?	Y	N
10.	Do you have any problems with your eyes or vision?	Y	N
11.	Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling of any bones/joints? Please circle which one(s).		
	Head            Shoulder            Thigh            Neck            Elbow		
	Knee            Chest            Forearm            Shin/calf            Back		
	Wrist            Hand            Ankle/foot            Hip		
12.	Do you have any birth deformities?	Y	N
13.	Have you had any other medical problems(diabetes, etc.)?	Y	N
14.	Have you had a medical problem or injury this year?	Y	N
15.	Date of Last Tetanus Shot: _____ Last Measles Immunization: _____		

Explain "Yes" Answers: # \_\_\_\_\_  
 # \_\_\_\_\_  
 # \_\_\_\_\_  
 # \_\_\_\_\_

**PERMISSION AND RELEASE:** I, the undersigned parent/guardian of \_\_\_\_\_ give my approval for my child to participate in the activities of the Athletic Programs. My child is physically able to participate in the program and in doing so, will in no way harm his/her health. I further assume all risk and hazards incidental to the conduct of the activities including transportation to and from the activities. I hereby release, absolve, and hold harmless, the School and the athletic association of the school/parish my child attends, the staff, the organizers, and the supervisors from any and all injury, loss or other damage to us or to the above child arising out of the activities of the program. I also grant permission for treatment deemed necessary to a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history above is accurate to the best of my knowledge.

\_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_  
Date

# DIOCESE OF CHARLOTTE

## Medical Examination Form for Sports Registration

**Physical Examination**

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y \_\_\_\_\_ N \_\_\_\_\_ Pupils: \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
GENERAL			
PULSES			
HEART			
LUNGS			
ENT			
SKIN/SCALP			
ABDOMEN			
GENITALIA (MALES ONLY)			
MUSCULOSKELETAL			
NECK/SHOULDER			
ELBOW, WRIST, HAND			
KNEE, ANKLE, FOOT			
BACK (SCOLIOSIS)			
OTHER			

Urinalysis: \_\_\_\_\_ Other: (if indicated) \_\_\_\_\_

\_\_\_\_\_ **Cleared.** I certify that I have examined the above named student and that such exam reveals no condition that would prevent this student from participating in interscholastic sports.

\_\_\_\_\_ **Not Cleared.** If student not qualified, list reasons.

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Doctor's Signature: \_\_\_\_\_ NC License? Yes \_\_\_ No \_\_\_

The following are considered disqualifying until medical and parental releases are obtained: infections, obvious grown retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, testicle, ovary, etc., or the presence of a shunt, pacemaker, medical device or organ transplant.