

To: Parents/Guardians and Students  
From: Sr. Regina Ozuzu, Principal  
Date: June 20, 2016  
Re: Sports Program Participation  
Grades 5-8

If your child is interested in being a member of the athletic program at Bishop Larkin Catholic School, we ask that the attached forms be completed to ensure the safe, secure, healthful execution of this program. The guidelines of the Southern Association of Colleges and Schools do not permit students in grades two through five to play competitive, intramural sports. Therefore only grades six, seven and eight will play competitively.

The forms include an event release, a player responsibility contract and a health screening. The event release form will include all sports programs offered at BLCS. We encourage each family to discuss the need for maintaining academics and good sportsmanship. The health screening must be completed by a certified physician. Students may participate in sports programs when these three forms have been completed.

Each sport your child participates in requires the payment of a \$50.00 sports fee to cover the cost of referees, uniforms and venue rental. Please make check payable to BLCS and notate the applicable sport on the memo portion of your check. All checks must be remitted to the BLCS office and your envelope must be clearly marked BLCS Sports Fees. If checks are not received, your child will not be able to participate in games or matches and not be eligible to receive a trophy at the conclusion of the season. Sports fees are paid only by check. No cash accepted.

Our P.E. teacher/athletic director will meet parents/guardians at Orientation.

A meeting of coaches will be scheduled sometime in the beginning of the school year. Thank you for your continued support to make the sports program a success!

# SPORTS PROGRAM PARTICIPATION

The Bishop Larkin Catholic School extracurricular sports program is a parent-supported effort. Students in grades 5-8 who meet other eligibility criteria (namely acceptable grades and conduct, may choose to participate in after school sports. While siblings in lower grades may be dismissed to attend games, only 5<sup>th</sup> – 8<sup>th</sup> graders are allowed (by diocesan regulation) to participate in the sports.

In order to ensure the safe, secure and healthful experience in Bishop Larkin Catholic School after school sports program, we ask that the three attached forms be completed and returned.

- ◆ EVENT RELEASE [required for all golfers]
- ◆ PLAYERS COMPLIANCE
- ◆ HEALTH SCREENING – which is different from the annual physical on the goldenrod form and is good for one year from date of physician's examine

These forms are self-explanatory. We ask that you

1. Give permission for your child to participate in extra-curricular sports
2. Provide or arrange for transportation for your child to all practices and games.
3. Discuss with your student athlete, and model for them the responsibility of the academic and behavioral excellence and the standards of fair play and sport courtesy.
4. Have the health screening form completed by your personal, certified physician prior to the first practice date.

Your child will only be able to participate in the sports program when all the paper work has been completed, signed by you and returned to the Athletic Director.

## **EXTRA-CURRICULAR SPORTS FEE - \$50 per sport – payable prior to first game**

Helps to defray cost of certified referees, facility rentals and school trophies

*No child will be denied participation for financial reasons.  
If necessary, please contact Sr. Regina for a sponsor for your child.*

**UNIFORMS** – The school has uniforms for all sports. These are loaned to student athletes. Failure to return the uniform at the close of the season will result in a charge for replacement.

We appreciate your support in helping us provide a risk-free environment for our athletes.

Sincerely,  
Sr. Regina Ozuzu, H.H.C.J.  
Principal

## ATHLETIC EVENTS CONSENT and RELEASE

Name of Sport                     Volleyball                     Basketball                     Golf    Tennis  
[Check all that apply]             Soccer                             Flag Football             Cheerleading

I hereby request to have my child participate in the above named event(s). I understand and assume the risks inherent in these events from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for my child's general well-being. I do hereby release, covenant not to sue, and save harmless The Very Reverend Robert N. Lynch, Bishop of the Diocese of St. Petersburg, Bishop Larkin Catholic School, and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of participation in the Bishop Larkin Catholic School Extra-Curricular Sports Program.

I understand I am responsible for transporting, or arranging transportation for, my child to and from the sports events. Bishop Larkin Catholic School will, in no way, participate in arranging or executing transportation for the events.

I request a Bishop Larkin Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during the events and I agree to pay any expenses incurred for such treatment.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Please add pertinent medical information particularly in regards to any condition that may effect, or be affected by, participation in this sport (e.g. asthma – needs inhaler before game):

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Name of person(s) your child is permitted to ride to/from practices and games:

\_\_\_\_\_

\_\_\_\_\_

Sports Fee attached (payable to Bishop Larkin Catholic School) \$50 per sport.

## STATEMENT OF COMPLIANCE

The Catholic School is unique because of its total commitment to the three- fold purpose of Christian education: message, community and service. It creates an atmosphere where Catholic Faith can be integrated with life and learning. All those involved in a Catholic school; parents, pastors, faculty and staff, administrators and students – must strive to make it a community of faith which indeed is living, conscious and active.

As a student-participant in sports and as parents of a student-athlete, we understand and agree to abide by the guidelines and regulations of the **Diocesan Guidelines for Interscholastic Athletics: Elementary and Middle Catholic Schools and the Regulations and Policies of the League.**

I/We understand this means that the student will strive to:

- ✓ Be on time for all practices and games
- ✓ Stay for the entire practice/game
- ✓ Encourage all team players to develop their full potential
- ✓ Play by the rules of fair play
- ✓ Act in a Christian manner toward all
- ✓ Maintain a school average that will allow me to fully participate in sports

I agree to follow the regulations of our Diocese, the school sports guidelines and the directives of the coaches:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT GUARDIAN

### **SPECTATOR ETIQUETTE:**

Spectators at the school athletic events are asked to refrain from "coaching from the sidelines." Cheering is encouraged – loud and vigorously. But, please refrain from calling out directions to a particular child or yelling at the team about what they should have done or not done with the ball. That is the coach's task.

**Thank you for understanding, your cooperation  
And your presence at our games!**

I understand that I am responsible for providing or arranging for transportation for my student-athlete to/from all games and practices. I agree to provide the opportunity for my child to be present at all practices and games. I will try to attend games as my schedule allows. Further, I will strive to model appropriate sports courtesy and will refrain from any form of "sideline coaching."

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

School Year 2016-2017

**PARTICIPATION HEALTH SCREENING**  
Required annually in addition to school physical

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student's DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

MEDICAL CONCERNS/RESTRICTIONS

\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS

\_\_\_\_\_  
\_\_\_\_\_

I understand that sports health screening is necessary for my child's participation in **Bishop Larkin Catholic School** Extra-curricular Sports Program.

I further understand that competitive athletics may result in injury, although the school has and will do all it can to reduce the risk of injury. I request a **Bishop Larkin Catholic School** representative to obtain medical treatment for my child in the unlikely event of injury or illness during practice or games and I agree to pay any expenses incurred for such treatment.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF JOINT CUSTODIAL PARENT \_\_\_\_\_

**EXAMINING PHYSICIAN'S CERTIFICATE**

I hereby certify that I have examined \_\_\_\_\_ on the date indicated below. Based on past health history s/he has given me and on my physical examination, I find this athlete physically able to participate in interscholastic sports. Medical conditions, restrictions and medications may be attached on form "Florida Preparticipation Physical Evaluation."

RESTRICTIONS \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

School Year 2016-2017