

OLMC SPORTS PACKET

Student Name: _____ Room: _____

Turn Paperwork back into the school office when the following items are all completed with payment of \$40.00. **LATE FEE \$20.00**

Individual paperwork will not be accepted. The paperwork will be returned to you. Students will not be allowed to participate until all paperwork is completed.

- _____ Catholic Youth Athletic Association (C.Y.A.A.)
Sports Permission Form (One per sport season)
- _____ Athletic Medical Authorization
Sports Physical
- _____ C.Y.A.A. Emergency Form
- _____ Transportation of Minor Person To/From School Campus
(Must be Notarized)
- _____ C.Y.A.A. Sports Driver Information Form
(Optional)- Only if you will be driving other students
to and from practices and games.
- _____ Sports Fee per Sport \$40.00 cash or check payable to OLMC

Parent Contact: (Please print clearly)

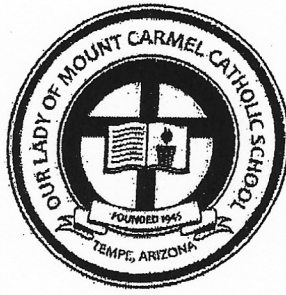
E-Mail _____ Phone _____

Turn Paperwork back into the school office when the above items are completed

Office Use Only::

FOOTBALL __\$____ BASKETBALL __\$____ BASEBALL __\$____

VOLLEYBALL __\$____ SOFTBALL __\$____ BASKETBALL __\$____



Catholic Youth Athletic Association (C.Y.A.A.)

Sports Permission Form

I, the parent/guardian of _____ in _____
Name of Child Class

Request that the school allow my child to participate in the C.Y.A. A. after school sports program at Our Lady of Mount Carmel Catholic School. I understand that this will include travel to other schools in private vehicles.

Also, due to league fees and the cost of officials, each participant will have to pay \$40.00 per sport. This fee must be paid before the first game. This is non-refundable to those who drop out of the program, those who are suspended, and those who are academically ineligible due to grades or conduct. *There is a separate \$35 jersey fee collected after coach and team is formed.*

Parents please review this section with your student:

I/we have read the philosophy, rules, and regulations contained in the OLMC Handbook regarding the C.Y.A.A. and OLMC's policies regarding the athletic program. I/we agree to abide by these and all policies approved by the school, and the Diocese of Phoenix, for students attending Our Lady of Mount Carmel Catholic School.

Student Signature

Date

Parent Signature

Date

Phone Number

e-Mail

Sport Participating In: _____

In case of an emergency, please contact:

Name

Phone

OUR LADY OF MOUNT CARMEL SCHOOL
AND
CATHOLIC YOUTH ATHLETIC ASSOCIATION

ATHLETIC MEDICAL AUTHORIZATION

Please Print: (Last Name) (First Name) (Middle Initial)
Grade _____
Birthdate _____
Eyes R _____ L _____ Glasses _____ Hearing R _____ L _____ Height _____ Weight _____
Ear, Nose, Throat _____ Lungs _____
Urinalysis _____ Diabetes _____ Pulse _____
Blood Pressure and Heart _____ Heart Murmur _____
Deformities or present illness _____ Prosthesis _____
Hernia evidence _____ Concussion _____ Epilepsy _____ Other _____
Would athletic competition be injurious? _____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

Date

Signature of Examining Physician

Health History

allergy to bee sting

anemia

arthritis

asthma

concussion

diabetes

eczema

emotional problems

epilepsy

fainting

heart murmur

hepatitis

hernia

hives

kidney trouble

migraine headaches

pneumonia

rheumatic fever

other

operations: _____
(Include year)

fractures: _____
(Include year)

To which drugs is the student allergic? _____

If student is now under medical treatment list reason and attending doctor: _____

**C.Y.A.A. EMERGENCY FORM
OUR LADY OF MOUNT CARMEL SCHOOL**

Student Name _____ Class _____

Parent Contact: _____

Address _____

Primary Contact Number _____

Secondary Contact Number _____

If unavailable, contact: _____

DOCTOR TO BE CONTACTED IN CASE OF AN ACCIDENT:

Name _____ Phone _____

Address _____

Hospital Preference _____

Primary Insured's Name _____

Insurance Company Policy # _____

Group # (or other applicable info) _____

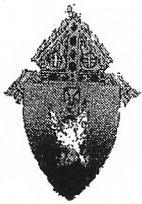
In case of an accident, may we choose a physician?

☐ YES

☐ NO

Signature

Date



Roman Catholic Diocese of Phoenix
TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations where no other responsible adults are present..." are to be avoided. The directive of this provision requires that another adult should accompany Diocesan personnel who transport minors to and from field trips and outings.

Because of the limited number of participants in the Sports Program (name of program) of Our Lady of Mt. Carmel (name of school) and the time of day in which program events will occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from the programs.

The Diocese permits **exceptions to this policy** only upon a showing by the school that:

- 1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and
- 2) a parent or guardian of any student participating in such program has consented in writing to allow such student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the parent/guardian of the minor person must consent in writing.

I, _____, of _____
(name of parent/guardian) (name of minor student)

have selected one of three alternatives below by checking the applicable box to indicate selection:

☒ (1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**

I, _____, parent/guardian of _____, (name of student) a participant in the Sports Program (name of program) of Our Lady of Mt Carmel (name of school) hereby consent to allow the student named above to travel to and from program events in a vehicle occupied by a single adult person at any time during the 2018-2019 school year. I further acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school. I further consent subject to the following additional conditions (if any): _____

☐ (2) **NON-EXCEPTION**

I, _____, parent/guardian of _____, choose to have my child always travel in a 2 adult vehicle.

☐ (3) **ASSUMPTION OF TRANSPORTATION RESPONSIBILITY**

I, _____, parent/guardian of _____, will solely provide transportation for my child to all activities away from the school campus.

(signature of parent/guardian)

(print name of parent/guardian)

State of Arizona
County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

**C.Y.A.A. SPORTS DRIVER INFORMATION FORM
OUR LADY OF MOUNT CARMEL SCHOOL**

Driver

Name: _____

Address: _____

Driver's License #: _____ Date of Expiration: _____

SS#: _____ Date of Birth: _____

Phone Number: _____

Vehicle That Will Be Used

Name of Owner: _____

Address of Owner: _____

License Plate #: _____ Registration Expiration Date: _____

Model of Vehicle: _____ Make of Vehicle: _____

Year of Vehicle: _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

Insurance Company: _____

Policy #: _____

Date of Policy Expiration: _____

Liability Limits of Policy: _____

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. Policy note: The minimal acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature: _____ Date: _____