

OLMC SPORTS PACKET

Student Name: _____ Room: _____

Turn in the first six forms **together**. Please pay your sports fee online before each season. Students will not be allowed to participate until all paperwork has been received and they have been given their OLMC Play Pass.

_____ Catholic Youth Athletic Association (C.Y.A.A.)
Sports Permission Form (One per sport season)

_____ Physical Exam Form
Medical Eligibility Form

_____ 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 \$50.00 payable online (per sport) [Sports Fee Link](#)

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 \$50.00 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

C.Y.A.A. SPORTS PERMISSION FORM
OUR LADY OF MOUNT CARMEL SCHOOL

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 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 \$50.00 per sport. This fee should be paid before the first game or arrangements made with the office or coach. 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.

**** *Jersey Fee is a separate fee (cost varies) 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 Catholic Youth Athletic Association 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 School.

Student Signature

Date

Parent/Guardian Signature

Date

Daytime phone number

Alternate phone number

Check sports for participation:

Boys: __Flag Football __Basketball __Baseball

Girls: __Volleyball __Softball __Basketball

In case of emergency please contact:

_____ **Phone** _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^o <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^o Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation
 Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

**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: _____



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 _____ (name of program) of _____ (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 _____ (name of program) of _____ (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 _____ 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: _____