

Junior Popes Football
ATHLETIC FORM "A"
(To be filled out by parent or guardian)

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (Grade)

Home Address: _____
(Include City, State, and ZIP Code)

Grade as of Fall 2020: _____ **School Attending as of Fall 2020:** _____

Phone: _____ **Date of Birth:** _____ **T-shirt Size:** XS S M L XL

PERMISSION TO PARTICIPATE IN JUNIOR POPES ATHLETICS

I hereby give my permission for the above named student-athlete to practice and compete and represent PIUS XI JUNIOR POPES. I further grant permission for any medical records pertaining to the health of the above named student-athlete to be made available "as necessary" to the proper school personnel and appropriate health care providers, including emergency medical personnel.

FINANCIAL RESPONSIBILITY FOR ATHLETIC UNIFORM(S) and EQUIPMENT

As parent (or legal guardian) of the above named student-athlete, I agree to be financially responsible for the prompt and proper return of all athletic equipment issued to him/her. I understand that my son/daughter is responsible for any uniform/equipment that is assigned to them and agree to pay the replacement value of the uniform/equipment in the event that it is lost, stolen or damaged.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I realize that there are risks in athletic activities provided by PIUS XI JUNIOR POPES and that my son/daughter may incur serious injury as a result of his/her participation in such athletic activities. I understand and agree that neither PIUS XI JUNIOR POPES OR PIUS XI CATHOLIC HIGH SCHOOL, nor any of their respective board members, officers, employees, coaches, volunteers, or representatives may be held liable in any way for any occurrence, including rescue operations, in connection with the program which may result in injury, death, or other damages to me and or my family, heirs or assigns. In consideration of being allowed to participate in the program, I hereby assume all risks in connection with said program and activities related thereto for any harm, injury, or damages which may befall me, or my family, heirs or assigns and further wave, release, discharge, hold harmless, indemnify, and warrant not to sue PIUS XI JUNIOR POPES OR PIUS XI CATHOLIC HIGH SCHOOL, their respective sponsors, board members, officers, representatives, coaches, employees, referees, volunteers and agents, any field owners and any opponents ("releases") with respect to any and all injury, loss, and claim arising from participant's participation in the program, even if due to negligence of the releases, equipment failure, or any other reason whatsoever. I have weighed these considerations and approve of the participation of my son/daughter named on this page. Participants hold the responsibility to perform only approved techniques in practices and games.

INSURANCE

I certify that I have adequate insurance coverage on my son/daughter, the above named student-athlete, to cover expenses in the event of an athletic related accident or injury.

PAYMENT & REFUND POLICY

I understand that my child is not fully registered until the \$300 registration fee is paid. I understand that there are no refunds.

TRANSPORTATION POLICY

I hereby release PIUS XI JUNIOR POPES and PIUS XI CATHOLIC HIGH SCHOOL and their respective Board Members, officers, employees, coaches, representatives, volunteers, and agents from any and all liability and responsibility for providing transportation for the participant named herein to and from all Junior Popes games and or practices for the upcoming season.

VOLUNTEER POLICY & PARENT CODE OF CONDUCT

I have read and understand the Volunteer Policy and the Parent Code of Conduct. I understand the duties I hold as a parent with a child in PIUS XI JUNIOR POPES. I understand that my registration is not complete until I am signed up for a volunteer position.

Having been cautioned and warned, I fully understand and agree to the participation of the above named student-athlete in athletic activities under the conditions described on this form. Furthermore, I release PIUS XI JUNIOR POPES AND PIUS XI CATHOLIC HIGH SCHOOL, members of the Board of Directors, and their respective employees from any liability and claims for injury and illness that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. I further understand that PIUS XI JUNIOR POPES AND PIUS XI CATHOLIC HIGH SCHOOL do not provide health insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation in such athletic activities does not lie with PIUS XI JUNIOR POPES OR PIUS XI CATHOLIC HIGH SCHOOL. I understand that this release will apply to myself and personal representatives, heirs, and assigns and will remain in effect for one year from the date below.

Date: _____ **Signature of Parent/Guardian:** _____

Date: _____ **Signature of Parent/Guardian:** _____

PHYSICAL EXAMINATION FORM

Participants will not be able to participate in any PIUS XI JUNIOR POPES practice or competition until the physical examination form is completed. Physical exam forms are valid for two years after the date of examination. After that time, they are considered expired. It is the obligation of the parents/legal guardians of the participant to arrange for a physical exam.

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (Grade)

Home Address: _____ **Phone:** _____
(Include City, State, and ZIP Code)

Name of Private Insurance Carrier: _____

Policy Number: _____ **Address:** _____

☐ Cleared without restriction ☐ Cleared ... with the following qualifications: _____

☐ Not cleared for... ☐ All sports ☐ Certain sports: _____

Recommendations: _____

Conducting Physician: _____

Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Phone: _____

Date of Examination: _____

Participant's Height: _____' _____" **Participant's Weight:** _____ lbs.

Signature of Licensed Physician

Date

1. I hereby give my permission for the above named participant to practice and compete in Junior Popes sports excepting those restricted on this form by the doctor.

2. I further grant permission for any medical records pertaining to the health of the above named participant to be made available as necessary to the proper program or league personnel.

Signature of Parent or Legal Guardian

Date

Junior Popes
ATHLETIC EMERGENCY INFORMATION FORM
(To be filled out by parent or guardian)

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (Grade)

Parent/Guardian 1 Name: _____ **Parent/Guardian 2 Name:** _____

Home Phone: _____ **E-mail Address:** _____

Home Address: _____
(Include City and ZIP)

Phone 1: _____ **Phone 2:** _____

Emergency Contact: _____

Emergency Contact Phone(s): _____

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

List any previous injuries (Please be specific.): _____

List any physical disabilities or allergies: _____

List any medication the student-athlete is taking or will need: _____

List any special instructions for care/medication: _____

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

We authorize the PIUS XI JUNIOR POPES representative, to provide and secure any medical assistance on behalf of my son/daughter. I authorize these individuals to discuss my son's/daughter's medical condition with other health care personnel whom they deem appropriate. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility (hospital) and the Emergency Management Facility to treat the condition in the event that we are physically unable to give consent ourselves.

Signature of Parent or Legal Guardian

Date

VOLUNTEER POLICY

The Junior Popes is a program of volunteers. The success of the program depends on those who devote their time to it. We consider the program a family, and therefore, we must support each other. Each parent is required to devote some of their time to the program. Some volunteer positions include:

- Head/Assistant Coach
 - Team Manager
 - Concessions
 - Photographer
 - Scoreboard
 - Scorebook
 - Chain Crew
 - Fundraiser/Banquet Volunteer
- A signup sheet will be sent out in July.

Coaches and Team Managers will be waived of the \$300 registration fee. These positions require extra time and effort and so will be rewarded. Those who do not have the time to volunteer can utilize the buyout option. Parents who do not want to volunteer or cannot volunteer can pay \$150 to cover their volunteer requirement. Your child is not fully registered and will not be able to play until you sign up for a volunteer position or pay the buyout fee.

PARENT CODE OF CONDUCT

1. I will encourage sportsmanship by providing positive support of all players, coaches, and officials.
2. I will treat all players, officials, coaches, and parents with respect regardless of race, sex, age, or ability. I will teach my child to do the same.
3. I will be sure to maintain a positive attitude despite the outcome of any competition. The game is for my child and should always remain fun.
4. I will not yell at my child or another participant for making a mistake.
5. I will not engage in unsportsmanlike behavior such as booing, taunting, or using offensive language.
6. I will respect the officials' calls and never yell at, approach, or question them during a competition.
7. I will refrain from coaching during the game unless I am an official coach.
8. I will never yell at, approach, or question a coach during a game.
9. If I am upset with a coach's strategy or decision during a game, I will wait 24 hours to contact the coach and discuss my concern with them.
10. I will show my dedication to the program by volunteering some of my time to assist in the success of the program.
11. I will take the time to know, understand, and appreciate the rules of the competition.
12. I demand a safe, healthy environment for my child that is free of drugs, alcohol, tobacco, and other harmful substances and I will refrain from their use. I understand I will be asked to leave a practice or competition if I show up intoxicated or in possession of drugs, alcohol, tobacco, or other harmful substances.
13. My number one goal as a parent is to make sure my child is safe and having fun.

I understand all of the rules and regulations of PIUS XI JUNIOR POPES Volunteer Policy and Parent Code of Conduct. I furthermore agree to cooperate with the program in enforcing the code for the betterment of all concerned.

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Parent/Guardian: _____

Mail this four paged form to:
Pius XI Catholic High School
C/O Kate Stone
135 North 76th Street
Milwaukee, WI 53213

The registration fee is \$300 per athlete.

The Junior Popes accept cash and checks.
Mail in cash or check with this form.
All checks are made out to Pius XI Catholic High School.