



ST. ROBERT'S ATHLETIC PARTICIPATION REGISTRATION PACKET

Thank you for your participation in the St. Robert's Sports program.

Permission slips AND checks are to be returned to St Roberts by the assigned DUE DATE

1. The number of teams that St. Robert's will sponsor in the Peninsula Parish and School League (PPSL) is predicated on the number of student athletes that participate.
2. Participants will be evaluated (where applicable) and placed on teams best suited to their ability at dates and times TBD (subject to facility availability).
3. Tryouts (specific to sport) are MANDATORY. Parents are not allowed in the evaluation area during tryouts. Any student who does not attend evaluations or is new to the school may have a separate evaluation or subject to team placement by the Athletic Board, Principal or Pastor before the rosters are due to PPSL.
4. Once permission slips are completed and submitted, children are obligated to participate in the entire program and season, all practices and games. Exceptions to this policy are illness or academic probation.
5. **Participation fees are non refundable.**
6. Parents are responsible to provide on-time transportation (drop-off and pick-up to all practices and games).

More Information, including St. Robert's School Sports Program Handbook, can be found at www.saintroberts.org (click on Parish Athletics)

PLEASE MAKE CHECKS PAYABLE TO: ST. ROBERT'S ATHLETICS

- Make note of the due date for forms & fees
- DO NOT STAPLE your check to the form – Please use a paper clip
- LIST your child's name on the memo line of your check **(uniform deposit must be a separate check)**
- PRINT your email address neatly – be sure it is an email you check regularly
- Permission slips **AND** checks are to be returned to the **SCHOOL OFFICE ONLY - Attn: ATH DEPT**
- Permission slips will **NOT** be processed without attached payment



ST. ROBERT'S ATHLETIC PARTICIPATION REGISTRATION PACKET

Sport your child will be participating in (check ONE): applications will be submitted per sport season

FALL SPORTS	WINTER SPORTS	SPRING SPORTS
DUE DATE 5/15	DUE DATE 10/15	DUE DATE 2/15
<input type="checkbox"/> Girls Volleyball - \$160.00	<input type="checkbox"/> Girls Basketball - \$200.00	<input type="checkbox"/> Girls TR & FLD - \$120.00
<input type="checkbox"/> Boys Baseball - \$160.00	<input type="checkbox"/> Boys Basketball - \$200.00	<input type="checkbox"/> Boys TR & FLD - \$120.00
<input type="checkbox"/> Cheerleading		

I, _____ give my child _____ permission to participate
(PARENT FULL NAME) (CHILD'S FULL NAME)

in St. Robert's Sports program. **Current Grade:** _____

Home Phone # _____ e-Mail address: _____
(PLEASE PRINT CLEARLY TO ENSURE YOU RECEIVE EMAILS)

Your signature acknowledges that you have read and understand the policies and guidelines in this document and the St. Robert's School Handbook and the St. Robert's Sports Handbook.

Signature: _____ Date: _____
(PARENT OR LEGAL GUARDIAN)

Yes, I, _____, am interested in COACHING _____.
(PARENT FULL NAME) (SPORT)

I am aware of the necessary credentials (being in compliance) that need to be in place before I am considered.

All coaches must be live scanned and complete the on-line training "Recognizing, Reporting and Preventing Child Abuse" found at www.ShieldtheVulnerable.com. All requirements listed above must be completed before practice begins. Coaches who do not complete the requirements will not be allowed to coach. Forms for Live Scan and background checks may be picked up at the parish office.

I am most available on the following days and times to run practice: (rank in order....1 being highest and 5 being lowest)

RANK	Monday	RANK	Tuesday	RANK	Wednesday	RANK	Thursday	RANK	Friday
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	3:30	<input type="checkbox"/>	4:30	<input type="checkbox"/>	5:30	<input type="checkbox"/>	6:30	<input type="checkbox"/>	7:30



ST. ROBERT'S ATHLETIC PARTICIPATION REGISTRATION PACKET

PLAYER'S CODE OF CONDUCT

- I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this Player's Code of Conduct Pledge.
- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I understand St. Robert practices and games take precedence over other extracurricular activities.
- I will attend every practice and game that I can and will notify my coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, creed, sex or abilities and I will expect to be treated accordingly.
- I deserve to play in an environment that is free of drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my best in school.
- I will remember that sports is an opportunity to learn and have fun.

(PLAYER SIGNATURE)

(PLAYER FULL NAME)

(DATE)

I understand that if my child does not follow this Player's Code of Conduct, the St. Robert's Athletic Board and/or Principal may remove my child from his/her team.

(PARENT SIGNATURE)

(PARENT FULL NAME)

(DATE)



ST. ROBERT'S ATHLETIC PARTICIPATION REGISTRATION PACKET

PARENT CODE OF CONDUCT

- I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parents' Code of Conduct Pledge.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
- I will make St. Robert practices and games a priority over other extracurricular activities.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child.
- I will help ensure that the sports environment is free of drugs, tobacco, and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth--not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching or providing transportation.
- I will ensure my child is dropped off directly with the coach(es) and picked up from the coach(es) promptly at the designated times for practices and games.
- I will require that my child's coach(es) upholds the Coaches' Code of Ethics.
- I understand that if I do not follow this Player's Code of Conduct, the St. Robert's Athletic Board and/or Principal may remove my child from his/her team.

(PARENT SIGNATURE)

(PARENT FULL NAME)

(DATE)



**ST. ROBERT'S ATHLETIC PARTICIPATION
REGISTRATION PACKET**

PARENT UNIFORM AGREEMENT

I, _____, the parent/guardian of _____ acknowledge that my child has received a team uniform. I have inspected this uniform and have found it to be in good condition. I understand that normal wear will occur. However, I agree to accept responsibility for any uniform jersey that is stained, ripped, torn, and has a missing button, or that has sustained any other than normal wear. I understand that it is my responsibility to replace any such uniform as defined in the school handbook.

A **\$60 deposit** (check or money order) is required at the time you receive your uniform and will be returned once the issued uniform is returned in good condition.

(PARENT SIGNATURE)

(PARENT FULL NAME)

(DATE)

UNIFORM DEPOSIT MUST BE A SEPARATE CHECK

Uniform issued for: (Check Box)

VOLLEYBALL

BASEBALL

BASKETBALL

TRACK

This portion to be completed by Uniform Coordinator

JERSEY# _____ SIZE _____ SHORTS# _____ SIZE _____

DATE: _____ GRADE: _____ CHECK# _____

Original to be held on file with deposit by the Athletic Board



ST. ROBERT'S ATHLETIC PARTICIPATION REGISTRATION PACKET

ATHLETICS MEDICAL INFORMATION

_____	_____	_____
Child's Last Name	First Name	Birth Date
_____		_____
Address (street number, name, apt #)		Grade
_____	_____	_____
City	Zip Code	Home Phone Number
_____		_____
Mother / Guardian		Best Phone Number
_____		_____
Father / Guardian		Best Phone Number

In the event of an apparent serious illness or accident when I cannot be reached, I wish one of the following persons to be notified by telephone. They are authorized to act in my absence regarding decisions to provide medical care to my child as identified above.

Name: _____	Relationship: _____
	Phone #: _____
Name: _____	Relationship: _____
	Phone #: _____

In case of an emergency, when my emergency contacts or I cannot be reached, I give my permission to obtain or administer whatever medical services should be necessary. I agree to inform the coach in writing should my child be on medication during any game or practice.

_____	_____
Parent / Legal Guardian Signature	Date
_____	_____
Physician Name	Phone Number
_____	_____
Dentist Name	Phone Number

Please provide specific written instructions for any medical history or information that may be needed while participating in sports at St. Roberts: (i.e. allergies, medical conditions, prescriptions used). Use additional paper if necessary.

MED. INS Carrier: _____ Policy #: _____ Group ID: _____