

RESURRECTION CATHOLIC SCHOOL

4TH & 5TH Grade Intramural Sports Contract

Objective/Philosophy

Resurrection athletics strives to instill good sportsmanship, school spirit and teamwork. Athletes will be taught the rules and skills necessary to enjoy the sport. Intramural athletics are intended to prepare students for Middle School sports and is designed to be fun.

Responsibilities

All Resurrection athletes must turn in to the school office, a statement of good health signed by their doctor before they may participate in athletics. This release is good for the entire school year. Athletes must also turn in the all attached registration forms.

Athletes should bring athletic clothing, a ball if at all possible, and any other equipment the coach recommends.

Athletes' safety is a concern at all times. Parents are to advise coaches of any preexisting medical conditions that may affect an athlete's performance abilities and health. Please report any injuries immediately.

During practices and games, all rules and regulations regarding the sport and Resurrection Catholic School will be followed. Each athlete, whether in the game or waiting to enter the game is expected to treat coaches, teammates, and opponents with respect. Athletes can also expect to be treated with respect.

Athletes will not be released to anyone other than parents unless written consent is submitted to the office.

I understand and agree to objectives and responsibilities addressed above.

Athlete

Parent

Date

ATHLETE MEDICAL CERTIFICATE

PATIENT: _____

This is to certify that the above mentioned patient was examined by me on (date):_____.

This person was found to be in general good health.

Signed: _____, M.D. Date: _____

Office address: _____

Comments: _____



PLEASE SIGN & RETURN

**DIOCESE OF ORLANDO ATHLETICS PERMISSION FORM AND
RELEASE OF LIABILITY FOR RESURRECTION CATHOLIC SCHOOL**

Soaring to Excellence

www.resurrectincatholicschool.org

NAME OF STUDENT: _____ GRADE: _____ COURIER # _____

ATHLETIC EVENT: INTRAMURAL SOCCER DATE: _____ ATHLETIC FEE: **NONE**

I am the parent/guardian of _____, and give my permission for my child to participate in Resurrection Catholic School Athletics. I acknowledge that the (SCHOOL/PARISH) is not responsible for transportation to or from athletic competitions or practices. I understand that I must pick my child up after the event within a reasonable period of time. My child must comply with the (SCHOOL/PARISH'S) rules and procedures. By granting this permission, I also waive any claims against, and release and hold harmless, (SCHOOL/PARISH) the diocese of Orlando, and any of their coaches, religious, employees, volunteers, agents, and representatives from any harm that occurs to my child while participating in school athletics.

In the event my child requires medical treatment or transportation for medical care, (SCHOOL/PARISH) will attempt to contact me at the number(s) listed below. If they are unable to reach me, (SCHOOL/PARISH) may contact the designated emergency contact at the number(s) listed below. If the coaches, chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call any emergency paramedic ambulance service.

Parent/Legal Guardian (Signature)

Date

MEDICAL INFORMATION

In the event the Student becomes ill, I authorize the directors, coaches, or chaperones to obtain medical attention at a physician's office or hospital. The Student is covered by the following medical insurance:

Insurance Co. _____ Group# _____ Toll Free Phone # _____

Allergies _____ Inhaler needed _____

Chronic/Acute Illnesses _____

Doctor's Name _____ Phone: _____

Does your child have a medical condition that limits them from participating in any athletic activities?

Yes _____ No _____ If Yes, you must provide documentation from a physician advising of the

limitations before your child may participate in athletics. All athletes must turn into the school office, a

statement of good health signed by their doctor before the student may participate in athletics.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH ME BEFORE MEDICAL PERMISSION IS GIVEN TO TREAT MY CHILD.

Parent/Guardian (Print Name)

Emergency Contact (Print Name)

Home _____

Home _____

Cell _____

Cell _____

Work _____

Work _____

E-Mail _____

E-Mail _____