



Resurrection Catholic School Athletic Program Parent/Student Contract

1. Philosophy

The goal of the Resurrection Athletics is to provide students an opportunity to participate in games and practices in order to develop their athletic skills.

2. Eligibility

All athletes must attend Resurrection Catholic School and **MUST MAINTAIN A 2.0 GRADE POINT AVERAGE**. Any school detentions must be served before participation in athletics.

3. Medical Release

All athletes must turn into the school office, a statement of good health signed by their doctor before they may participate in athletics. Athletes must also turn in the attached registration and release forms.

4. Responsibilities

Each player is required to attend and participate in practice, attend and participate in games, and provide the necessary equipment to play. Each player should be ready to play at both practices and games.

4. Conduct and Discipline

Conduct on the playing field (before, during, and after all games) is expected to be that stipulated in the Resurrection handbook. Discipline will be handled on an individual basis with parental consultation.

5. Sports Fundraising

Parents and/or students are required to participate in a sports fundraiser. These fundraisers will help build a general sports fund for equipment and items necessary for play as well as uniform upkeep. One fundraiser will help fund the year-end sports picnic and awards ceremony. Fundraisers will include the P.E. T-shirt Sales, Movie Nights & Game Concession Sales. **Athletes may opt out of fundraiser participation by paying a \$45 opt-out fee.**

6. Uniforms

Uniforms are the property of Resurrection Catholic School and should be treated with care. They must be returned at the end of the season in good condition or a \$50 replacement fee will be assessed. Team uniforms may be worn to school on game days only if the athlete will be playing that day.

7. Sports Fee

A sports fee of \$45 is required at the time of registration for each sport. A uniform will be given after the fee is collected. The sports fee covers specific sports equipment, field or court maintenance, fees for officials and uniform upkeep.

8. Athletic Department

Any questions or concerns about the athletic program can be addressed by contacting Athletic Director, Barbara Fuchs at 644-3931, voice mailbox #123. **For game schedule information, updates, maps and morning announcements log onto Edline and click on Athletics on the right side of the page.**

I have read and understand the above items and agree to abide by the guidelines, rules, and regulations of the Resurrection Athletics Program. Please sign and return to the school office.

Athlete

Parent/Guardian

Date

Date



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: _____ DATE: _____

ATHLETIC FEE: **\$45** UNIFORM SIZE: (Top) _____ (Bottom) _____

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 _____



RESURRECTION CATHOLIC SCHOOL 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: _____

