Sacred Heart Sports



Thank you for joining the team. Help us ensure that character, effort, and commitment are top priorities of your student-athlete to help us insure they enjoy their experience.

The information provided in this packet is imperative to the safety of your child. Failure to complete and pass in the information in closed will delay your child's ability to participate in school sports. Please ensure the information is complete and legible.

Please regularly monitor the team schedule pertaining to your child's sport at the *shshampton.org* calendar. More importantly, ask your child to take this responsibility upon themselves. Athletic directors of all schools balance many sports and weather conditions and often make schedule changes on short notice, making it difficult to contact everyone on time.

Attached you will find the Athletic Program Contract, Code of Conduct, Concussion Policy, Dismissal Procedure, and Emergency Information Record.

Forms are valid for the entire school year.

There is an athletic fee of \$100 per sport.

Forms and payment are due before the first practice of the sport season.

Thank you for participating in Sacred Heart School Sports!

SHS Athletics | Program Contract For Parents and Student-Athletes



Name of Studer	nt-Athlete	
	Please Print	
Grade	Age	
understand the p		letic Program Handbook with our/my student athlete. We Athletic Program and agree to abide by the rules and
study must always behind in their stu	s be placed first during our/my student-at	ion to the SHS co-curricular activities and that academic thlete's school year. At any time a student-athlete falls e right to have the student-athlete miss a game(s) or
the student-athle	_ · · · · · · · · · · · · · · · · · · ·	s a privilege and that proper conduct is always expected of tre responsible to coach during the games without
	hat the SHS dress code is designed to be n nd practices, must be met.	nodest and respectable. Expectations around dress, even for
to be done by reti return. <u>Uniforms</u>	urning it in a bag with borrower's (studen	returned at the end of participating sports schedule. This is t-athlete) name on the bag to receive credit for its safe tes from participating in future sports and a \$95 uniform borrower.
	hat concerns related to sports may be voic ses the decision of the Principal is final.	ced in confidence to the Coach, Athletic Director, or Principal
We/I have acknov	wledged the following on behalf of our/my	y student athlete (please initial):
	ic Emergency form is up to date. N NOT participate if this information is no	ot on file.
Check made	nd an Athletic fee of \$100 is required out to SHS must be given directly to the contract of the student-athletes' participation. PLEASE D	Athletic Director or the Front Office to
Name(s) of Pa	arent(s) or Guardian(s)	
Please Print		Please Print
Primary E-mail C	Contact Print clearly as e-mails will cont	ain pertinent information
Signature Pare	ent / Guardian	Date
	dent-Athlete	

SHS Athletics | Code of Conduct

For Parents and Student-Athletes

The following code of conduct was created by the National Youth Sports Safety Foundation and modified by the staff at Sacred Heart School to fit the purpose of our learning institution. The essential elements of character building in sports are embodied in the concept of sportsmanship and six core principles:

TRUSTWORTHINESS - RESPECT - RESPONSIBILITY - FAIRNESS - CARING - GOOD CITIZENSHIP

Expectation of the Parent(s) | As a parent or spectator | (and guest) will:

- 1. not force my child to participate in sports, as those forced to participate will not truly give what is expected of an SHS athlete.
- 2. inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- 3. be a positive role model for my child and encourage sportsmanship by showing respect and courtesy regardless of race, creed, color, sex, or ability, and by demonstrating positive support for all players, coaches, officials and spectators at games, practices, or other sporting events.
- 4. not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; never ridicule my child or any participant; refuse to shake hands; or use profane language/gestures.
- 5. teach my child to play by the rules and to resolve conflicts without resorting to hostility/violence/verbal bashing of others.
- 6. praise my child for competing fairly and applying solid work ethic and great effort.

As a player representing Sacred Heart School, you will adhere to the following:

- 7. promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
- 8. respect the officials and their authority during games and will never question, discuss, or confront coaches at the gym or on the field, and will take time to speak with coaches at an agreed upon time and place.
- 9. expect a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at SHS events.

Addressing Concerns

Printed Parent/Guardian Name

As a parent of a young athlete, it's your job to foster a positive environment for your child. That takes discipline on your part. If you find you have a concern regarding your child or another aspect regarding SHS, we ask that you follow the guidelines below.

- 1. First ask yourself, have you given your child the time to resolve any problems they are having on their own?
- 2. If after a reasonable amount of time, you feel the problem has not been resolved than we ask that you consult the coach in a spirit of cooperation NOT confrontation.
- 3. Discussing the problem should not be done in the middle of a game or in the presents of other players or parents. We ask that you talk in person or e-mail the athletic director so that the conversation is done in a confidential manner. Issues should be brought up in a calm and private conversation with the coach involved and the Athletic Director should be notified if the issue is not resolved.

Date

Rev. 08.7.23

I have read, understand, and agree to follow the conditions of the above stated Code of Conduct Policy. I recognize that I am responsible for all my guests at a Sacred Heart School activity, and I am also aware of my responsibilities as a parent, to instill a positive example for my son/daughter. Furthermore, I understand that failure to follow these simple guidelines may result in removal of me and/or my child from the program.

Failure to sign the document will not exclude parents from being held accountable to this parental code of conduct.

Signature

Print Stu	nt Student-Athlete's Name Signature	re Date						
4.	4. Behavior, which would place my teammates and/or myself i	in an un-safe situation.						
3.		Any use of inappropriate language towards the coach, referee, teammates, or spectators.						
2.	, , , , , , , , , , , , , , , , , , , ,							
1.								
	satisfactory conduct of a student athlete includes, but is not limited							
	eeting with school administration and parents will be informed. A							
	· · · · · · · · · · · · · · · · · · ·	duct can result in immediate disciplinary action. The second offense will result in						
8.								
7.								
6.	6. I will have fun and be generous in winning and gracious in lo	osing, and always shoe good sportsmanship.						
5.	5. I will work to personally improve each day.							
4.	4. I will encourage and help my teammates.							
3.	3. I will be on time for all practices and games as detailed in m	ny schedule.						
2.	2. I will give my best efforts and full attention to my coach and	d do my best to follow their instruction.						
	opponents, spectators, and all others involved in our athleti	cic events with respect at all times.						
1.	 I understand that I am responsible for my conduct at all time 	nes during practices and games and I will treat my coaches, teammates, officials						

SHS Athletics | Concussion Policy

For Parents and Student-Athletes



I am the parent/legal guardian of								
a Student-Athlete for Sacred Heart School.								
We understand the student-athlete must report all injuries to the coach and Athle	etic Director.							
We will tell the coach and Athletic Director if the student-athlete has experienced any previous concussion.								
We understand the following:								
A concussion is a type of traumatic brain injury, and all brain injuries can be serious	JS.							
Concussion symptoms may appear immediately, but also may present hours, days, or even weeks after an injury.								
A concussion can affect reaction time, balance, sleep, classroom performance, an	d the ability to perform everyday activities							
If a student-athlete suspects a teammate has a concussion, the student-athlete is	responsible for reporting the injury to the							
coach and/or Athletic Director.								
The student-athlete must not return to play in a game or practice if the student-athlete has concussion-related symptoms.								
After a concussion, the brain needs time to heal. A repeat concussion is more likely if a student-athlete returns to play								
before symptoms have had an opportunity to resolve.								
Repeat or later concussions can be profoundly serious and can cause permanent brain damage.								
Student-Athlete Signature	Date							
- · · · · · · · · · · · · · · · · · · ·								
Parent/Legal Guardian	Date							

SHS Athletics | Dismissal Procedure

For Parents and Student-Athletes



The safety of our student-athletes is our primary focus, and we maintain the following policy:

For their safety and security, students are not permitted outside the building unsupervised during school hours or during their period of Extended Care.

Regarding students safely making the transition from the end of the school day to the beginning of a sporting event or practice, this procedure is to be followed for all practices, home/away games.

- 1- Once players have changed into their uniforms, they are to gather in an area in the school designated by their coach.
- 2- When all athletes are accounted for, a coach or designated parent will escort them as a group to proceed to the Field (home game) or the Parking Lot (away game).

Student-Athletes waiting in the gym during car line dismissal are to remain quiet and courteous until all students have been picked up. They ARE NOT permitted to use gym equipment or cell phones during this time.

Thank You,
Andrea Nichols
Athletic Director
Sacred Heart School

Sacred Heart School Emergency Information Record for Sports Participation

Child's Last Name	Child's First Name	Child's First Name		Grade		
List each person to be called fo to follow. ALL PERSONS LIS	or emergency pick up. Begin the	e list with at least Of	NE PARENT and continu	ie in the order yo	ou wish o	
Full Name	Relationship to Child	Home Phone	Coll Phone	Work Phon		
Full Name	PARENT Relationship to Child	Home Phone	Cell Phone	Work Phon	Work Phone	
Full Name	Relationship to Child	Hame Phone	Cell Phone	Work Phone		
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phon	le.	
In case of accident or serious ill school to make whatever arrang Parent Signature		of my child.		reach me, I auth	orize th	
		Allergies				
If your child has food or medica	ation allergies or asthma, please	e indicate below.				
Type of Allergy Does child carry an epipen? Yes No	Type of Reaction					
Asthma Does child carry an inhuler?YesNo	Type of Reaction					
Child's Physician	Health Questionnai	ire for Sports Pa	articipation Phone			
				YES	NO	
Has your child ever been to	old not to participate in an	y sport?				
Has your child ever been u	nconscious or lost memor	y from a head in	jury?		14	
Has your child ever had a f	fracture or dislocation?					
Has your child ever had a l	knee or ankle sprain?					
ls your child currently und	er a physician's care?					
Does your child use an inh	aler for asthma?					
Has your child ever fainted	l or "blacked out" during	hard exercise?				
Does your child take any k	ind of medication every d	ay?				
Has your child ever been in	the hospital for an opera	tion or other reas	on?			
Places avalein anu "Vee" a						
Please explain any "Yes" a	inswers above:					
	p.,	nary e mail art tres	-9			
The above information is a PRINTED Parent's Name_	ccurate and complete.					
Parent's Signature			Date			