

SACRED HEART SCHOOL ATHLETIC PACKET



Welcome to the Team!

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 a comprehensive athletic fee of \$160 *per sport*. This fee includes all athletic fees, gifts for 8th grade athletes, and food for end of season celebrations. We hope that having one comprehensive fee per season makes it easier on parents by avoiding multiple requests for support throughout the sports season.

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

Thank you for participating in Sacred Heart School Sports!

Andrea Nichols
Athletic Director

athletics@shshampton.org

SHS Athletics | Program Contract

For Parents and Student-Athletes



Name of Student-Athlete _____ Grade _____
Please Print

We/I have read and discussed the Sacred Heart School Athletic Program Handbook with our/my student athlete. We understand the purpose and the requirements of the SHS Athletic Program and agree to abide by the rules and requirements set out in this document.

We understand the Athletic Program is a wholesome addition to the SHS co-curricular activities and that academic study must always be placed first during our/my student-athlete's school year. At any time a student-athlete falls behind in their studies, and/or Conduct and Effort, the Coach/AD/Principal reserves the right to have the student-athlete miss a game(s) or practice(s) to get back on track academically.

We understand that participating in the Athletic Program is a privilege and that proper conduct is always expected of the student-athlete. We further understand that coaches are responsible to coach during the games without interference from parents and guardians.

We understand that the SHS dress code is designed to be modest and respectable. Expectations around dress, even for athletic events and practices, must be met.

We understand that a school issued team uniform must be returned at the end of participating sports schedule. This is to be done by returning it in a bag with borrower's (student-athlete) name on the bag to receive credit for its safe return. **Uniforms not returned will disqualify student-athletes from participating in future sports and a \$95 uniform replacement fee will be billed to the legal guardians of the borrower.**

We understand that concerns related to sports may be voiced in confidence to the Coach, Athletic Director, or Principal, and that in all cases the decision of the principal is final.

We/I have acknowledged the following on behalf of our/my student athlete (please initial):

_____ My Athletic Emergency form is up to date.
Athletes CAN NOT participate if this information is not on file.

_____ I understand that a comprehensive fee of \$160 per sport covers the cost of the sport, end of season gifts for the 8th grade athletes, and food for the end-of-season celebration. A check made out to SHS must be given directly to the Athletic Director or the Front Office to ensure your student-athletes' participation. **PLEASE DO NOT COMBINE FEE WITH OTHER SHS FEES.**

Name(s) of Parent(s) or Guardian(s)

Please Print

Please Print

Primary E-mail Contact | Print clearly as e-mails will contain pertinent information

Signature _____ Date _____
Parent / Guardian

Signature _____ Date _____
Student-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 I (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.
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

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 then 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.

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.

Printed Parent/Guardian Name

Signature

Date

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

1. I understand that I am responsible for my conduct at all times during practices and games and I will treat my coaches, teammates, officials, opponents, spectators, and all others involved in our athletic events with respect at all times.
2. I will give my best efforts and full attention to my coach and do my best to follow their instruction.
3. I will be on time for all practices and games as detailed in my schedule.
4. I will encourage and help my teammates.
5. I will work to personally improve each day.
6. I will have fun and be generous in winning and gracious in losing, and always show good sportsmanship.
7. I agree to maintain good grades, conduct and effort for the duration of the season.
8. I will wear appropriate practice attire that meets SHS dress code expectations.

It has been made clear to me that one incident of unsatisfactory conduct can result in immediate disciplinary action. The second offense will result in a meeting with school administration and parents will be informed. A third violation will result in removal from the athletic team.

Unsatisfactory conduct of a student athlete includes, but is not limited to:

1. Rude or discourteous behavior toward the coach, referee, teammate, or spectators.
2. Displaying a poor attitude, which shows I am not taking responsibility for my own behavior.
3. Any use of inappropriate language towards the coach, referee, teammates, or spectators.
4. Behavior, which would place my teammates and/or myself in an un-safe situation.

Print Student-Athlete's Name

Signature

Date

Rev. 08.7.23

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 Athletic 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.

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, and 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 _____

Sacred Heart School Emergency Information Record for Sports Participation

Child's Last Name	Child's First Name	Date of Birth	Grade
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List each person to be called for emergency pick up. Begin the list with at least ONE PARENT and continue in the order you wish us to follow. ALL PERSONS LISTED MUST BE LOCAL. THEY MUST BE ABLE TO PICK UP THE CHILD IMMEDIATELY.

Full Name	Relationship to Child PARENT	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone

In case of accident or serious illness, I request Sacred Heart School to contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements are in the best interests of my child.

Parent Signature _____ Date _____

Allergies

If your child has food or medication allergies or asthma, please indicate below.

Type of Allergy Does child carry an epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Reaction
Asthma Does child carry an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Reaction

Health Questionnaire for Sports Participation

Child's Physician _____ Phone _____

Has your child ever been told not to participate in any sport?.....

Has your child ever been unconscious or lost memory from a head injury?.....

Has your child ever had a fracture or dislocation?.....

Has your child ever had a knee or ankle sprain?.....

Is your child currently under a physician's care?.....

Does your child use an inhaler for asthma?.....

Has your child ever fainted or "blackout" during hard exercise?.....

Does your child take any kind of medication every day?.....

Has your child ever been in the hospital for an operation or other reason?.....

YES	NO

Please explain any "Yes" answers above: _____

Primary e-mail address: _____

The above information is accurate and complete.

PRINTED Parent's Name _____

Parent's Signature _____ Date _____



*In the name of the Father, and of the
Son, and of the Holy Spirit. Amen.*

Dear Lord,

**Let all glory today be Yours and Yours
alone. Let us win or lose in humility,
giving all praise to You. Amen.**

*In the name of the Father, and of the
Son, and of the Holy Spirit. Amen.*