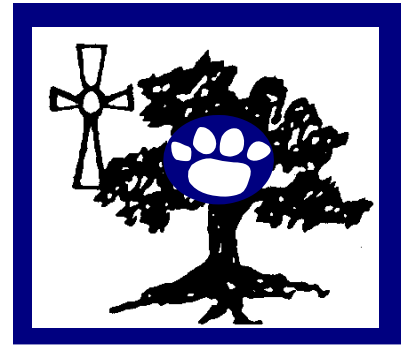


Saint Paschal Baylon School Sports Program



RE: 2009-2010 School Year

Dear SPBS Families,

Your child has expressed an interest to participate in the SPBS sports program for the 2009-2010 school year. As a participant in our school sports program, SPBS plays other Catholic elementary schools in the Valley Catholic Sports League (VCSL), sometimes has intramural games with other local teams, and occasionally participates in weekend tournaments. Before the start of every new school year, there are three required forms to fill out and fees to pay, which are attached, in order to participate.

Please note that due to recent changes in the structuring of the Division which SPBS is assigned to play in through the VCSL, there are now fewer schools in our Division. We will therefore no longer provide "Division Banners" to any of our SPBS "A" teams. We will, however, continue to provide "League Championship Banners" to any SPBS "A" team, who wins a Valley Catholic Schools League Championship.

The fee for participation is \$60.00 per sport, payable before the start of each sport's season. Please make checks payable to "St. Paschal Baylon School or SPBS". This fee is not a deposit, it covers the Valley Catholic Sports League fees, referee fees, field fees, uniforms, the Sports Banquet, and other sports expenses. *Your uniform and polo shirts are provided by the school and must be returned at the end of the season.*

All students who will be playing and/or practicing with one of the SPBS Boys' or Girls' sports teams must complete the attached Permission to Participate in the SPBS Sports Program Form; Archdiocesan Activity Permission Form; and Athletic Code of Conduct, and return them with a check for \$60.00 to the school prior to the start of the season. **NOTE: If the student fails to return any part of the uniform and/or team polo shirt in a timely manner, you will be billed for the replacement value.**

Thank you for your cooperation, support, and participation in the SPBS sports program. We are looking forward to another successful BEARS sports season! Please remember that our SPBS student-athletes represent our school, and as such, will be held to all expectations of behavior outlined in the SPBS Parent/Student Handbook, and the SPBS "Athletic Code of Conduct."

If you have any questions please contact Joell Poppen at 805-495-9340 ex. 126

GO BEARS,

**Mrs. Joell Poppen
SPBS Athletic Director**

STUDENT ATHLETE'S NAME: _____

SPORTS: FOOTBALL VOLLEYBALL BASKETBALL SOFTBALL CROSS COUNTRY

ST. PASCHAL BAYLON SCHOOL
Sports Permission Form / Release for the **2009-2010** School Year

STUDENT NAME: _____ BIRTH DATE: _____ GRADE: _____

HOME ADDRESS: _____ HOME PHONE: _____

FATHER'S NAME: _____ DAYTIME PHONE #: _____

CELL PHONE #: _____

MOTHER'S NAME: _____ DAYTIME PHONE#: _____

CELL PHONE #: _____ EMAIL: _____

INSURANCE: _____ GROUP / MEMBER #: _____

ALLERGIES, MEDICATIONS, ETC.: _____

OTHER EMERGENCY CONTACTS:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

I hereby request that my son/daughter* _____ attend/ participate in the St. Paschal Baylon School Sports Program on the (circle all that apply) team(s):

FOOTBALL VOLLEYBALL BASKETBALL SOFTBALL CROSS COUNTRY

Students must be in the complete team uniform in order to participate in games. Transportation is the responsibility of the student athlete's parent and/or guardian – transportation is not provided nor arranged by the school for games or tournaments.

Furthermore, I do not hold anyone connected with this activity responsible if any misfortune should occur. I understand and support the fact that my son/daughter must comply with the directions given by the school to the group involved in this activity. I request that my child be permitted to participate in the above SPBS Sports Program. I agree to instruct my child to cooperate and conform to the directions and instructions of the supervisory personnel in charge of the team, and to represent SPBS with pride. I understand that my child's behavior on and off the playing field reflects on SPBS, and I will instruct them to behave appropriately.

I will discuss the SPBS Athletic "Code of Conduct" with my child, prior to having it signed. I will help my child understand that *losing with honor* is an important "life lesson". I understand that the 5th and 6th grade teams are essentially "instructional", and therefore efforts will be made to allow playing time for all players at as many games as possible. However, the SPBS 7th and 8th grade "A-Varsity" teams compete during the regular season, in order to earn a place in the Valley Catholic League Playoffs, and therefore, in those grades our SPBS teams are "competitive" and do try and win games as a goal. This level will produce less playing time for some players, and more for others. Please help your child understand there is still value to being *on the team*.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

* NOTE: A SEPARATE PERMISSION FORM / RELEASE MUST BE FILLED OUT FOR **EACH** STUDENT IN A FAMILY.

SAINT PASCHAL BAYLON SCHOOL SPORTS PROGRAM

ATHLETE'S NAME: _____ GRADE: _____

ST. PASCHAL BAYLON SCHOOL - ATHLETIC CODE OF CONDUCT AGREEMENT

1. BE ON TIME AND READY TO PRACTICE OR PLAY EVERY DAY. BRING ALL NEEDED EQUIPMENT. BE IN FULL UNIFORM FOR ALL GAMES.
2. YOU ARE EXPECTED TO BE AT ALL PRACTICES & GAMES.
3. GRADES AND SCHOOLWORK ARE A TOP PRIORITY. TAKE CARE OF BUSINESS IN THE CLASSROOM - ACADEMICALLY AND BEHAVIORALLY.
4. REPORT ALL INJURIES TO THE COACH IMMEDIATELY. LET THE COACH DETERMINE THE SEVERITY - NOBODY SHOULD PLAY THROUGH PAIN.
5. UNSPORTSMAN-LIKE CONDUCT WILL NEVER BE TOLERATED. ANY "TRASH TALK" TO OPPONENTS OR TEAMMATES WILL BE DEALT WITH IMMEDIATELY AND SWIFTLY.
6. UNEXCUSED ABSENCES FROM PRACTICES OR GAMES WILL NOT BE TOLERATED. THE ATHLETE MUST CALL THE COACH PRIOR TO THE PRACTICE OR GAME THAT WILL BE MISSED WITH A REASONABLE EXCUSE.
7. REPRESENT SPBS WITH PRIDE AT ALL TIMES. YOUR ACTIONS AND BEHAVIOR ARE AN EXTENSION OF YOUR COACH AND SCHOOL.
8. PLAY HARD EACH MINUTE YOU ARE IN A GAME. NEVER GIVE UP REGARDLESS OF THE SCORE. WIN WITH PRIDE: LOSE WITH HONOR!
9. BENCH PERSONNEL ARE JUST AS IMPORTANT TO THE TEAM AS PLAYERS IN THE GAME - SUPPORT AND CHEER ON ALL THE MEMBERS OF EACH TEAM, NEVER CRITICIZE ANY TEAMMATE, AND STAY POSITIVE! **GO BEARS!!**

STUDENT SIGNATURE: DATE: _____

PARENT/GUARDIAN SIGNATURE: DATE: _____



ARCHDIOCESE OF LOS ANGELES

ST. PASCHAL BAYLON SCHOOL STUDENT & YOUTH ACTIVITY PERMISSION FORM

STUDENT'S NAME (Print): _____ GRADE: _____

Activity: Field Trip Other (specify) SPBS Sports Program

Date: 2009-10 School Year Cost: \$60.00 per Sport

Educational Purpose: To educate the "whole child" and fulfill our school's SLEs through athletic competition

Description of Activity: SPBS Sports Program/Team Sports See Attached for Sport

Mode of Transportation: Walk Car Bus Other (specify) _____

Teacher/Adult Leader: SPBS Coach(es) Attire: SPBS Team Uniform

I request that my son/daughter be permitted to participate in the above activity. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form (SPBS "Emergency Card") to the school. I agree to direct my child to cooperate and conform to directions and instructions of the, school, parish or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Parent/Guardian Signature

Date

Home Phone Email Cell Phone Work Phone

Person to Notify in case of Emergency - if Parent or Guardian is unavailable:

Name: _____

Day phone: _____

Cell: _____