

**Saint Rose of Lima Catholic School Athletic Department  
Athletics Registration Form**

Office Use Only

Name \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

In season of participation

Amount	_____
Check #	_____
Date	_____

Your child has joined our \_\_\_\_\_ team. Please make a check or money order **payable to Saint Rose School** to help defray the costs of entry fees to the C.A.A. as well as other costs for equipment, coaching fees, etc. Payment must accompany your child's completed forms and is due by the day registration ends. If the fee is a hardship for your family, please contact the school office. The Booster Club has committed to assisting families in need. At the end of the season it is asked that you return the laundered uniform to our Athletic Director.

**Athletic Fee (all sports except track) = \$65 per student athlete**

**Track Fee = \$30 per student athlete**

(please note that coaches do not pay the athletic fee for their athlete to participate - up to 2 coaches per team)

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**Saint Rose of Lima Catholic School  
Athletic Policy and Funding Procedures**

**1. Athletic Policy**

Our school's objective is the attainment of a well-rounded education with the primary objective being the development of strong academic skills. We are also aware of the necessity of a well-rounded athletic program and the part it plays in a student's overall development. Athletics will at no time take priority over academic obligations. Consult the current Handbook for specific policy/rules.

**2. General Rules**

- a. Each sport will require a minimum number of players from a grade for a grade level team to be formed. If not enough students from a grade register grades may be combined to form team, in which case tryouts for younger players to play up a level may be necessary. The athletic director, in consultation with the principal, has the discretion to allow 4<sup>th</sup> grades to fill out teams as is needed.
- b. 7<sup>th</sup> and 8<sup>th</sup> graders will be able to try out for their grade level A or B team. Teams will be selected by the Athletic Director and others as chosen by the Athletic Director.
- c. If possible, 5<sup>th</sup> and 6<sup>th</sup> grade students will play on their grade level team. Coaches will divide teams as deemed equitable. The Athletic Director will make final decisions if necessary.
- d. When deemed necessary to limit the number of participants of a team, the selection of participants is at the discretion of the coach (and Athletic Director).
- e. Uniforms will be handed out by the Athletic Director at the beginning of the season. These uniforms must be returned clean at the end of the season. Report cards are held until uniforms are returned.
- f. Disciplinary action regarding sports due to behavior and/or school work will be at the discretion of the principal. Detentions could warrant game and/or practice suspensions.
- g. Games times will be between 4:00 and 7:30 PM.

\* **Fall Season:** First day of school-October 31<sup>st</sup> **Winter Season:** November 1<sup>st</sup>-March 31<sup>st</sup> **Spring Season:** April 1<sup>st</sup>-Last day of school

**Parent/Guardian Authorization  
Medical Consent Form**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

School St. Rose of Lima Catholic School Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Allergies or other known diseases, disorders, or disabilities: \_\_\_\_\_

Medication \_\_\_\_\_ Mg. \_\_\_\_\_ Times/Day Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Medication \_\_\_\_\_ Mg. \_\_\_\_\_ Times/Day Dentist's Name \_\_\_\_\_

Dentist's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**For Parent(s)/Guardian(s)**

I give my permission for my child to take part in \_\_\_\_\_. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, St. Rose of Lima Parish, St. Rose of Lima Catholic School, its agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of St. Paul and Minneapolis, St. Rose of Lima Parish, St. Rose of Lima Catholic School, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of this activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

**There is no medical insurance provided by the parish or the Archdiocese.** In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_

Incase of injury or illness, contact: \_\_\_\_\_

Phone \_\_\_\_\_

The following are special circumstances regarding my child you should be aware of: (use back if necessary)