



SPORTS ENROLLMENT PACKET

CYO CROSS COUNTRY MEET

REGISTRATION REQUIREMENTS: Please see below the details for each sport. Submit the following to the Office -

- SPN School (ADLA) Permission slip for the specific sport
- Parent Student Sports Agreement Form
- C Division 3rd to 4th Grade Fee - \$20.00 (Covers CYO League Registration Fee)
- B Division 5th to 6th Grade Fee - \$20.00 (Covers CYO League Registration Fee)
- A Division 7th to 8th Grade Fee - \$20.00 (Covers CYO League Registration Fee)

FUNDRAISING PARTICIPATION & COMMITMENT: Sports Teams (includes parents/students) will need to be involved in some fundraising (ex. Snack sale donations or snack sales) in order to keep athletic fees down and help raise funds to cover the cost of equipment, uniforms and referee fees. Parents will be asked to donate items for monthly sales. Service hour credit will be given with a receipt (\$25 = 1 hr.).

PARENT/STUDENT MEETING: (REQUIRED) To Be Announced



ST. PHILIP NERI SCHOOL CYO Spring Sports Registration

Student Name _____ Grade _____

Sport: I am registering my child for the following SPN Sport Team (please mark one):

_____ Girls XC _____ Boys XC

I have read and understand the requirements to register my child in SPN Sports and completed the following:

_____ (Parent Initial) SPN School (ADLA) Permission Slip

_____ (Parent Initial) Parent Student SPN Sports Agreement Form

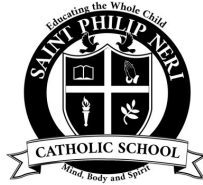
_____ (Parent Initial) Paid the Sports Fee

Parent Name _____ Date: _____

ST. PHILIP NERI SCHOOL

CYO Sports Parent & Student Agreement Form

(*Only one form needs to be submitted each school year)



Students will represent St. Philip Neri School with utmost respect, character, values and sportsmanship at all times as part of our Athletic Program. All procedures and expectations as outlined in our SPN Parent Student Handbook will apply. In order to participate in SPN Athletics, students are expected to meet the following requirements:

- 1.) **Academic Expectations** - Students must meet at least satisfactory or above grades (C- or above and S or above) in all subjects (Core Subjects and Electives) and work habits. Progress reports and Report Cards which exhibit grades of D or below may disqualify a student from continuing in the athletic program. Teachers will refer any students with poor academic performance and progress to the Principal, and a conference will be held with the student and parent.

_____ (Parent Initial) _____ (Student Initial)

- 2.) **Discipline and Behavior Expectations** - Students placed on Probation for Disciplinary Behavior incidences or who have received disciplinary infractions in a trimester may be put on Suspension from practices and/or games upon the discretion of the Teacher, Coach and Principal. Students may be referred by their teacher(s) and Coach if any lack of improvement in the area of behavior exists. The Principal will request a conference with the student and parent to discuss conditions to remain on the team or participate in upcoming practices and games.


_____ (Parent Initial) _____ (Student Initial)

1.) **Student Athlete and Team Expectations:** In order to be a successful team and a contributing, responsible member of a team, all students are expected to do the following:

- a.) **Be on time for all practices and games:** The Coach will communicate specific instructions. **Any absence or tardiness should be communicated beforehand to the Coach in order to be excused.** Any excessive tardiness or absence from practices and games may cause a student to be Suspended for any upcoming game or practice upon the discretion of the Coach. These cases will be referred to the Principal for approval.
- b.) **Be prepared with all equipment:** - Students can practice only if they have on the required safety attire to play and practice (shin guards and cleats). Students must bring refillable water bottles.
- c.) **Be Committed:** Students and parents must discuss with their coach if they are no longer able to participate on the team. Quitting or withdrawing before the season ends without a reasonable cause may disqualify a student from registering for another upcoming sports team.
- d.) **SPN Code of Christian Conduct:** Any incidents which display poor conduct, attitude, sportsmanship towards peers, staff and parents of both St. Philip Neri School or competing schools is considered a violation of school rules and discipline. Games off site and on weekends are considered part of school activities and events and will be given appropriate consequences. The *Code of Christian Conduct* applies to all St. Philip Neri Staff, Students and Parents.

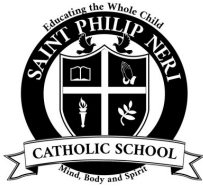
_____ (Parent Initial) _____ (Student Initial)

**Greatest Sports Quote
of
All Time!**



"Sport, properly directed, develops character, makes a man courageous, a generous loser, and a gracious victor; it refines the senses, gives intellectual penetration, and steels the will to endurance. It is not merely a physical development then. Sport, rightly understood, is an occupation of the whole man, and while perfecting the body as an instrument of the mind, it also makes the mind itself a more refined instrument for the search and communication of truth and helps man to achieve that end to which all others must be subservient, the service and praise of his Creator."
*Pope Pius XII
Sport at the Service of the Spirit*

www.LessThanAMinuteToGo.com



ST. PHILIP NERI SCHOOL

CYO Parent & Student Agreement Form

I understand and agree with the above expectations in order to participate as part of the St. Philip Neri Athletics program.

Student Name (Print) and Signature

Date

Parent Name (Print) and Signature

Date

Formulario de Acuerdo de Padres y Estudiantes de CYO

Entiendo y estoy de acuerdo con las expectativas anteriores para participar como parte del programa St. Philip Neri Athletics.

Nombre del estudiante (en letra de imprenta) y firma

Fecha

Nombre del padre (en letra de imprenta) y firma

Fecha

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): #889

Place and Date of Event/Trip: CYO Cross Country

Activity: Field Trip [] Retreat [x] Other (specify) XC Purpose: CYO MEET

Description of Activity: See Attached:

Mode of Transportation: Total Field Trip Cost \$

Teacher/Adult Leader: JACK DABBAGHIAN Attire:

Minor's Name:

Address:

Date of Birth: Male [] Female [] Grade

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, 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 reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian Date

Home Phone Cell Phone Work Phone

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

Name: Phone:

Health Insurance Company: Policy No.:

To be filled in by Location

To be filled in by parent/guardian

