Saint Philip Neri Catholic School - Athletics

Dear Parents and Student Athletes,

Welcome to the SPN Cross Country Program for boys and girls in 5th through 8th grade.

If you are receiving this packet, it means your child has successfully attended the one-day tryouts and has now been selected and placed on our Track & Field Program. Congratulations, and thank you for choosing to be part of SPN Athletics. We are excited to begin the season and look forward to a great experience for our student athletes.

Next Steps

To ensure your child is fully registered and ready for the season, please complete the following steps:

1. Complete all forms included in this packet.
   Once completed, please turn in the entire packet to the Administration Office as soon as possible.

2. Download the HEJA sports app.
   Download "HEJA" from your smartphone's app store. Register your child as a player and yourself as the parent or guardian. This app will be our primary tool for practice schedules, game announcements, reminders, and updates.

HEJA Team Codes

Please use the HEJA team code listed below when registering:

T&F Boys & Girls
Team Code: ZJ-914191

If you already have the HEJA app from a previous sport, simply open the app and select "Join New Team," then enter the appropriate team code.

Thank you for your continued support and commitment to SPN Athletics. We are proud to welcome you to the Spring Soccer season and look forward to a fun, competitive, and positive experience for our student athletes.

ST. PHILIP NERI SCHOOL
CYO Spring Sports Registration

CYO CROSS COUNTRY PROGRAM

REGISTRATION REQUIREMENTS: Please see below the details for each division.

Submit the following to the Office -

- SPN School (ADLA) Permission slip for the specific sport
- Parent Student Sports Agreement Form
- B Division 5th to 6th Grade Fee - $50.00 (Covers CYO League Registration Fee)
- A Division 7th to 8th Grade Fee - $50.00 (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) TBD

2025-2026
ST. PHILIP NERI SCHOOL
CYO Spring Sports Registration

Student Name _____ Grade _____ DOB_____

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

_____ Girls Cross Country _____ Boys Cross Country

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) 2025*-2026 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:

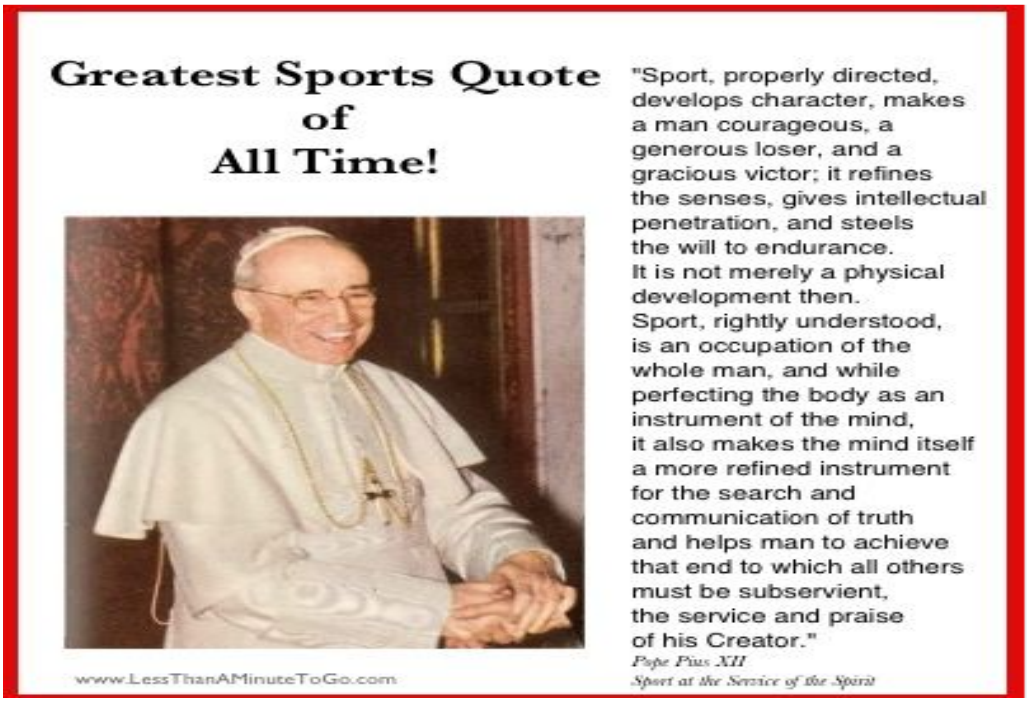
a.) **Be on time for all practices and games:** The Coach will communicate specific instructions. **Any absence or tardiness should be communicated beforehand to the Coach in order to be excused.** Any excessive tardiness or absence from practices and games may cause a student to be Suspended for any 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)



2025-2026

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: St. Philip Neri / CYO

Activity: Field Trip ☐ Retreat ☐ Other (specify) Athletics Purpose: Cross Country Pracice

Description of Activity: CYO Cross Country League See Attached: N/A

Mode of Transportation: Parents Total Field Trip Cost $ N/A

Teacher/Adult Leader: Athletic Director - Jack Dabbaghian Attire: _____

To be filled in by Location

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.

To be filled in by parent/guardian

_____ _____
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.: _____

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