

Please complete both sides of this form and return!!!

Our Lady of Perpetual Help Athletics Advisory Board Boys and Girls 4th through 8th Grade Baseball and Softball

These sports are open to all Our Lady School and Our Lady PSR students that are in grades four through eight. PSR students that have a public school team may only participate for their school or Our Lady Athletics, not both.

Students may also participate in the Our Lady Track program as well as the Our Lady baseball or softball programs!!

Important Dates:

Practice can start Sunday, March 4, 2012. Coaches will contact players to let them know when practice begins.

First games will be during the week of April 15, 2012.

Deadline: Sign-ups are due Tuesday, February 21, 2012.

A late fee of \$10.00 will be assessed if a sign-up is received after the deadline, no exceptions. Late sign-ups are placed on a waiting list until teams have been divided. If space is available on teams, then applicants are selected from the waiting list in the order that they were received.

Parents:

Please supply an email address (if available) so the coaches can contact you via email as well as by phone:

Email Address: _____

All parents are expected to volunteer during the season to help with the concession stand for games that are hosted on our fields!! Teams are assigned to work when their teams are playing. Some teams may work more than once during the season depending on the schedule. The concession stand sales help keep the cost of participating in all sports at Our Lady in check.

Participation Fee: \$80.00 for one player, \$155.00 for two players and \$230.00 for three players.

The participation fee for each player includes a pair of socks and a hat for baseball or a pair of socks and a visor for softball.

Uniform Fee: \$30.00 per player

This includes jersey and pants for baseball or shorts for softball. The Athletics Advisory Board has instituted a purchase program for uniforms. The uniforms can be reused from year to year as long as the uniform fits the athlete. The uniform style will remain the same for all grades.

If you purchased a uniform last year, then you will not need to purchase a uniform this year unless the uniform no longer fits the participant. Please indicate what the player's uniform number is:

_____ (We must have this information!!)

If you are purchasing a uniform this year, then a uniform fitting will be held. These dates and times will be communicated through the Wavelength, email, and the Athletics webpage at <http://olphsaints.org/school/sport/sport.html>. The uniform fitting is **mandatory** for those participants ordering uniforms. This allows the proper sized uniform to be ordered.

Tuition Raffle:

Each participation fee includes two pre-sold tuition raffle tickets. These pre-sold tickets will be handed out to the coaches along with several non pre-sold tickets. The pre-sold tickets can be bought by the participant's parent(s)/guardian(s) or sold to others. If sold to others, then the participant's parents are recouping the cost of the tuition raffle that was paid up front. Money for these pre-sold tickets sold to others does not have to be returned. The money collected for the non pre-sold tickets should be turned into the participant's coach.

More non pre-sold raffle tickets are still available if a participant wishes to sell more than the initial quantity.

Checks will include the cost of the Participation fee and the Uniform fee (if needed)!

(For example: one player needing a full uniform would be \$110, one player without uniform would be \$80)

Please make checks payable to OLPHAAB and mail with this form, an Emergency Medical Authorization form and a signed Diocesan Code of Conduct form to:

OLPH Athletics Advisory Board
3730 Broadway
Grove City, OH 43123-2235

Incomplete registrations will be returned!!!

Payment of athletic fees:

All outstanding athletic fees must be paid prior to the start of the current sport season. Any outstanding balance will prohibit your child(ren) from practicing and/or participating in future sports until the outstanding balance and any related fees have been paid. Please contact AJ Alvarez, Parish Accountant/Administrator at 614-875-3322 to make arrangements.

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Coaches:

The Athletics Advisory Board is always in need of coaches. Coaches must meet the volunteer requirements put forth by the Diocese. Please let us know by indicating below where you are able to help:

Name: _____ Phone: _____

Email Address: _____

please circle one

Coach

Assistant Coach

If you have any questions, please contact Kerry Dalicandro for Baseball (614-871-9618 or kdalican@columbus.rr.com) or Tim Gleich for Softball (614-571-0129 or timg@bwasouth.com).

Be sure to visit <http://olphsaints.org/school/sport/policy.html> to review the Policies and Procedures.

The Our Lady of Perpetual Help Athletics Advisory Board will follow all Diocesan rules in accordance with division and participation of players on these teams. Coaching assignments and player personnel will be the sole responsibility of the Athletics Advisory Board. The Athletics Advisory Board will sponsor and conduct any evaluations and/or team divisions. In accordance to parish and school regulations, all coaching volunteers are screened and fingerprinted. All coaching volunteers must also have attended or have signed up to attend the "Protecting God's Children" seminar. All coaching volunteers must also have submitted the Parish Volunteer Application Form to the school office before practice starts.

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Diocese of Columbus
DIOCESAN RECREATION ASSOCIATION
197 East Gay Street
Columbus, Ohio 43215

PARENT CONSENT FORM

PARISH: Our Lady of Perpetual Help

CIRCLE ONE:

All Boy's Sports	Boy's Football	Boy's Volleyball	Boy's Basketball
All Girl's Sports		Girl's Volleyball	Girl's Basketball
	Boy's Soccer	Boy's Baseball	Boy's Track
	Girl's Soccer	Girl's Softball	Girl's Track

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ ZIP CODE: _____ TELEPHONE: _____

SCHOOL: _____ GRADE: _____ AGE: _____

DATE OF BIRTH: _____ MONTH _____ DAY _____ YEAR PLACE OF BIRTH: _____ (CITY) _____ (STATE)

PLEASE CHECK ONE: **NO RESTRICTIONS** **RESTRICTIONS LISTED BELOW**

List below on this form any physical handicaps which would prevent this participant from taking part to the full extent of the activity listed above.

I/We the parent(s) or legal guardian(s) of the above named applicant who has applied for participation in the athletic activities of the Diocesan Recreation Association for the Diocese of Columbus, hereby give my/our consent and approval to his/her participation in any and all activities of the Diocesan Recreation Association and its affiliates for the activity specified. I/We assume all risks and hazards incident to the conduct of such activities including any transportation, and for any consideration of the educational instruction he/she will receive in connection therewith. I/We hereby agree to release and absolve, indemnify, and hold harmless, and do by this instrument release, absolve, indemnify and hold harmless, the Diocesan Recreation Association and its affiliates, the Diocese of Columbus, and any and all of the Catholic Churches and Parishes and any and all supervisors, organizers, coaches, sponsors, and officials of and from any and all liability for any injury to my/our aforementioned child. I/We waive all claims of any kind against any and all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any such activities hereinabove named. I/We, the undersigned, hereby declare that I/we have insurance protection covering injuries that may occur (including contact sports) in these activities during the ensuing season. I/We further certify that all information contained in this form is correct.

(MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S))

STUDENT ATHLETE SIGNATURE: _____ DATE: _____

PARENT or GUARDIAN SIGNATURE: _____

PASTOR'S SIGNATURE: _____

OUR LADY OF PERPETUAL HELP ATHLETIC ADVISORY BOARD EMERGENCY MEDICAL FORM

Participant name: _____ Address: _____

Home Phone: _____ Grade: _____

Father/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the event the participant becomes ill during the sports activity and does not need medical attention, please provide at least two contacts (i.e. relative, neighbor, child care provider, etc.) that should be contacted in case the parents/guardians cannot be contacted.

Contact: _____ Relationship: _____ Phone: _____

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EMERGENCY MEDICAL AUTHORIZATION

(State of Ohio Revised Code Section 3313.712)

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the supervision of a sports coach.

PART I OR PART II MUST BE COMPLETED.

PART I: TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medial Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/Guardian: _____ Date: _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART 1

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

SPORT PARENT CODE OF CONDUCT

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or head of league organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through the official or coach
- Parental season suspension

Parent/Guardian Signature _____ Date _____