

Saint David Catholic School

Student Athletic Handbook

2022-2023





Saint David Catholic School

National Blue Ribbon School of Excellence
Accredited by the Florida Catholic Conference



Dear Parents,

Enclosed are two form pertaining to the All Broward Catholic Conference, our Archdiocesan elementary school athletic association. We as that you have both forms completed each year after June 15 or before the first day of tryouts. **Only after these forms have been submitted is your child permitted to participate in the athletic events conducted by the All Broward Catholic Conference.**

The Athletic Consent and Release from Liability Certificate must be completed by the student's parent or guardian and the Athletic Pre-participation Physical Evaluation for must be completed by a licensed physician (MD or DO).

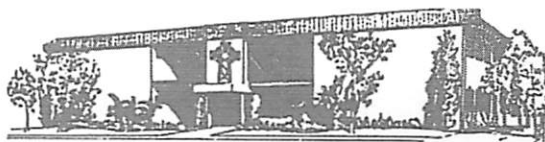
Please note that the Athletic Pre-participation Physical Evaluation Form will be used ONLY for the purpose of determining a student's athletic eligibility.

Thank you for your cooperation.

Sincerely,

Mrs. Michelle Chimienti

Michelle Chimienti
Principal
Saint David Catholic School



HANDBOOKS FOR STUDENT ATHLETES AND PARENTS

STUDENT ATHLETE BEHAVIOR:

All Saint David Student Athletes are expected to maintain high academic and behavior standards. Behavior as stated in the Saint David Student Handbook will be followed at all times. Players wearing the Saint David uniform represent the school and their behavior should reflect the Mission and Beliefs of Saint David Catholic School. If at any time a student's behavior becomes unacceptable, the student may be dismissed from the team/squad.

FEES:

There will be an athletic fee of \$100.00 for each sport (except Track and Cross Country \$50.00). The fee covers the expenses of each sport (umpires and referee fees, tournament fees, team trophies and the cost of athletic banquets).

GRADES:

A student may be withheld from the next scheduled practice or game if his/her grade in a school subject falls to a "D" or lower. Upon receipt of information from the teacher(s) of the subject(s) verifying that the student has shown improvement in effort, the students may return to eligible status. It is the responsibility of the Athletic Director, not the team coach, to check on the status of an ineligible student each week. The student will remain ineligible until notification from the teacher(s) is received.

SCHOOL ATTENDANCE:

A student must be in school by 11:00 AM to be eligible to participate in that day's practice or game. If a student leaves school early because of illness, the student is ineligible to participate.

UNIFORMS:

No team uniform shall be worn to P.E. class. Players may cover their team uniforms with a school shirt or school P.E. shirt.

Do not alter the uniform in any way.

Team uniforms need to be washed and turned in at the end of each season. If the student does not turn in his/her uniform, report card(s) will be withheld.



Archdiocese of Miami
Department of Schools
Athletic Consent and Release from Liability Certificate
This completed form must be kept on file by the school

Student Name: _____

School: _____

Sport(s) in which student plans to participate: _____

- A. I/We hereby give consent for child/ward to participate in the interscholastic sport(s) that I/we have listed above.
- B. I/We know of and acknowledge that my/our child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my/our child's/ward's school, the schools against it competes, the contest officials and the Archdiocese of Miami of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my/our child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami because of any accident or mishap involving the athletic participation of my/our child/ward. I/We further authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school.

C. Insurance Information

My/Our child/ward is covered under our family health insurance plan which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE:

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Parent/Guardian: _____



Archdiocese of Miami
Department of Schools
Athletic Pre-Participation Physical Evaluation (Page 1 of 2)
This completed form must be kept on file by the school

Part 1. Student Information (to be completed by the parent/guardian).

Student Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

School: _____ Grade in School: _____ Sport(s) expected to play: _____

Home Address: _____ Home Phone: () _____

Name of Parent/Guardian: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: () _____ Work Phone: () _____

Part 2. Medical History (to be completed by parent/guardian). Explain "yes" answers below. Circle questions for which you do not know the answer.

	Yes	No		Yes	No
1. Has child had a medical illness or injury since the last check up or sports physical?	_____	_____	24. Has child ever had numbness or tingling in his/her arms, hands, legs, or feet?	_____	_____
2. Does child have an ongoing chronic illness?	_____	_____	25. Has child ever has a stinger, burner, or pinched nerve?	_____	_____
3. Has child ever been hospitalized overnight?	_____	_____	26. Has child ever become ill from exercising in the heat?	_____	_____
4. Has child ever had surgery?	_____	_____	27. Does child cough, wheeze or have trouble breathing during or after activity?	_____	_____
5. Is child currently taking any prescription or nonprescription (over the counter) medications or pill or using an inhaler?	_____	_____	28. Does child have asthma?	_____	_____
6. Has child ever taken any supplements or vitamins to help gain or lose weight or improve performance?	_____	_____	29. Does child have seasonal allergies that require medical treatment?	_____	_____
7. Does child have any allergies (for example to pollen, medicine, food, or stinging insects)?	_____	_____	30. Does child have any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	_____	_____
8. Has child ever had rash or hives develop during or after exercise?	_____	_____	31. Has child had any problems with his/her eyes or vision?	_____	_____
9. Has child ever passed out during or after exercise?	_____	_____	32. Does child wear glasses, contacts or protective eyewear?	_____	_____
10. Has child ever been dizzy during or after exercise?	_____	_____	33. Has child ever had a sprain, strain or swelling after injury?	_____	_____
11. Has child ever had chest pain during or after exercise?	_____	_____	34. Has child broken or fractured any bones or dislocated any joints?	_____	_____
12. Does child get tired more quickly than friends during exercise?	_____	_____	35. Has child had any other problems with pain or swelling in muscles, tendons, bones, or joints?	_____	_____
13. Has child ever had racing of the heart or skipped heartbeats?	_____	_____	If yes, check appropriate blanks and explain below:		
14. Has child had high blood pressure or high cholesterol?	_____	_____	_____ Head _____ Elbow _____ Hip		
15. Has child ever been told he/she has a heart murmur?	_____	_____	_____ Neck _____ Forearm _____ Thigh		
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	_____ Back _____ Wrist _____ Knee		
17. Has child had severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	_____ Chest _____ Hand _____ Shin/Calf		
18. Has a physician ever denied or restricted child's participation in sports for any heart problems?	_____	_____	_____ Shoulder _____ Finger _____ Ankle		
19. Does child have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	_____	_____	_____ Upper Arm _____ Foot		
20. Has child ever had a head injury or concussion?	_____	_____	36. Does child want to weigh more or less than child weighs now?	_____	_____
21. Has child ever been knocked out, become unconscious, or lost his/her memory?	_____	_____	37. Does child lose weight regularly to meet weight requirements for a sport?	_____	_____
22. Has child ever had a seizure?	_____	_____	38. Does child feel stressed out?	_____	_____
23. Does child have frequent or severe headaches?	_____	_____	39. Record the dates of his/her most recent immunizations (shots) for:		
			Tetanus _____ Measles _____		
			Hepatitis B _____ Chickenpox _____		

Explain "Yes" answers here: _____

I hereby state, to the best of my knowledge, that my answers to the above questions are complete and correct.

Signature of Parent/Guardian: _____ Date: _____



Part 3. Physical Examination (to be completed by the physician).

Student Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Visual Acuity: Right 20 / _____ Left 20 / _____ Corrected: Yes No Pupils: Equal _____ Unequal: _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Skin	_____	_____	_____
MUSCULOSKELETAL			
9. Neck	_____	_____	_____
10. Back	_____	_____	_____
11. Shoulder/Arm	_____	_____	_____
12. Elbow/Forearm	_____	_____	_____
13. Wrist/Hand	_____	_____	_____
14. Hip/Thigh	_____	_____	_____
15. Knee	_____	_____	_____
16. Leg/Ankle	_____	_____	_____
17. Foot	_____	_____	_____

* - Station-based examination only

ASSESSMENT

_____ Cleared without limitation.

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____

Address: _____

Signature of Physician: _____, MD or DO

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.