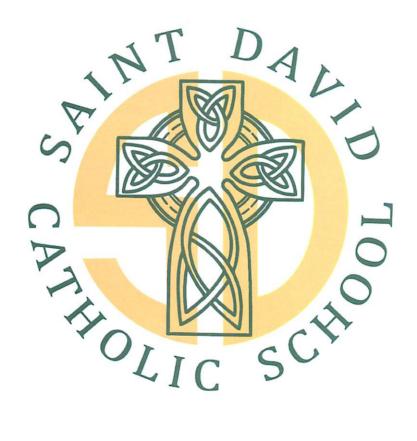
Saint David Catholic School

Student Athletic Handbook 2023-2024





Dear Parents,

Enclosed are two forms pertaining to the All Broward Catholic Conference, our Archdiocesan elementary school athletic association. We ask 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 form 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.

Mrs. Michelle Chimienti

Sincerely,

Michelle Chimienti

Principal

Saint David Catholic School

HANDBOOK 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 for each sport (except Track and Cross Country which is \$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.

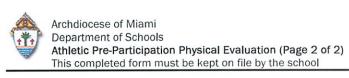
Team uniforms need to be washed and turned in at the end of each season. If the student does not turn in his/her uniform, report card(s) will be withheld.



Stude	nt Name:						
Schoo	l:						
Sport(s) in which stud	dent plans to participate:					
Α.	I/We hereby a l/we have listed	The state of the s	participate in the interscholastic sport(s) that				
B. I/We know of and acknowledge that my/our child/ward knows of the risks athletic participation, understands that serious injury, and even death, is possiparticipation and choose to accept any and all responsibility for his/her safety while participating in athletics. With full understanding of the risks involved, and hold harmless my/our child's/ward's school, the schools against it contest officials and the Archdiocese of Miami of any and all responsibility an any injury or claim resulting from such athletic participation and agree to take action against my/our child's/ward's school, the schools against which it contest officials and the Archdiocese of Miami because of any accident or mist the athletic participation of my/our child/ward. I/We further authorize emerge treatment for my/our child/ward should the need arise for such treatment we child/ward is under the supervision of the school.							
C.	Insurance Info	ormation					
	//Our child/war ss than \$25,000		ealth insurance plan which has limits of not				
Со	mpany:		Policy Number:				
I/V	WE HAVE READ	THIS CAREFULLY AND KNOW I	Γ CONTAINS A RELEASE:				
Da	te:	Signature of Parent/Guardiar	:				
Da	te:	Signature of Parent/Guardiar	:				

Part	1. Student Information (to be completed by the pare	nt/guard	ian).		
Stude	ent Name:			;	Sex: Age: Date of Birth:/
School:		Grade in School:		_ Sport	t(s) expected to play:
Home	e Address:				Home Phone: ()
Nam	e of Parent/Guardian:				
Perso	on to Contact in Case of Emergency:				
Relat	ionship to Student::		_ Home Phon	e: () Work Phone: ()
Part	2. Medical History (to be completed by parent/guard	dian). Ex	plain "yes" an	swers b	elow. 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?	WW	N	25.	Has child ever has a stinger, burner, or pinched
3.	Has child ever been hospitalized overnight?				nerve?
4.	Has child ever had surgery?	(44)	-	26.	Has child ever become ill from exercising in the
5.	Is child currently taking any prescription or				heat?
	nonprescription (over the counter) medications or			27.	Does child cough, wheeze or have trouble breathing
_	pill or using an inhaler?	$\overline{}$		00	during or after activity?
6.	Has child ever taken any supplements or vitamins to help gain or lose weight or improve performance?			28. 29.	Does child have seasonal allergies that require
7.	Does child have any allergies (for example to pollen,		9	29.	medical treatment?
	medicine, food, or stinging insects)?			30.	Does child have any special protective or corrective
8.	Has child ever had rash or hives develop during or				equipment or devices that aren't usually used for
	after exercise?		(v)		your sport or position (for example, knee brace,
9.	Has child ever passed out during or after exercise?				special neck roll, foot orthotics, retainer on your
10.	Has child ever been dizzy during or after exercise?		()		teeth, hearing aid)?
11.	Has child ever had chest pain during or after			31.	Has child had any problems with his/her eyes or
10	exercise?		2/	22	vision?
12.	Does child get tired more quickly than friends during exercise?			32.	Does child wear glasses, contacts or protective eyewear?
13.	Has child ever had racing of the heart or skipped		S	33.	Has child ever had a sprain, strain or swelling after
10.	heartbeats?			00.	injury?
14.	Has child had high blood pressure or high			34.	Has child broken or fractured any bones or
	cholesterol?				dislocated any joints?
15.	Has child ever been told he/she has a heart			35.	Has child had any other problems with pain or
	murmur?				swelling in muscles, tendons, bones, or joints?
16.	Has any family member or relative died of heart				If yes, check appropriate blanks and explain below:
17.	problems or sudden death before age 50? Has child had severe viral infection (for example,		()		Head Elbow Hip Neck Forearm Thigh
11.	myocarditis or mononucleosis) within the last				Neck
	month?				Chest Hand Shin/Calf
18.	Has a physician ever denied or restricted child's				Neck Forearm Thigh Back Wrist Knee Chest Hand Shin/Calf Shoulder Finger Ankle
	participation in sports for any heart problems?				Upper Arm Foot
19.	Does child have any current skin problems (for			36.	Does child want to weigh more or less than child
	example, itching, rashes, acne, warts, fungus, or				weighs now?
	blisters)?			37.	Does child lose weight regularly to meet weight
20.	Has child ever had a head injury or concussion?			0.0	requirements for a sport?
21.	Has child ever been knocked out, become unconscious, or lost his/her memory?			38.	Does child feel stressed out?
22.	Has child ever had a seizure?			39.	Record the dates of his/her most recent immunizations (shots) for: Tetanus Measles
23.	Does child have frequent or severe headaches?	()	M 		Tetanus Measles Hepatitis B Chickenpox
Expla	in "Yes" answers here:				
Lber	shy state to the heat of our local day the				
ı nere	eby state, to the best of my knowledge, that my answ	vers to th	e above quest	tions are	e complete and correct.
Signa	ture of Parent/Guardian:				Date:

Date: _



Part 3. Physical Examination	n (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 / C	orrected: Yes No	Pupils: Equal	Unequal:	_
FINDINGS	NORMAL	-	ABNORMAL FINDINGS		INITIALS*
MEDICAL					
 Appearance 					
Eyes/Ears/Nose/Throat	at				
Lymph Nodes					
4. Heart					
5. Pulses					
6. Lungs	<u> </u>				
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	n only				
ASSESSMENT					
Cleared without limit	ation.				
Cleared after comple	ting evaluation/rehabilitation for:				
V					
Not cleared for:			Reason	:	
Recommendations:					
Name of Physician (axist and	201			5	
	pe):			Date:	
Address:					
Signature of Physician:					, MD or D0

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.