

# SAINT CHARLES BORROMEIO SCHOOL ATHLETIC PARTICIPATION FEE

I wish for my child to be a member of the St. Charles Borromeo School's C.Y.O Athletic program. Enclosed is \$75.00 to cover my child's participation in the sport listed below. I understand that this fee applies to each sport my child participates in, and that it must be paid before the first game of the season.

**Athlete's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ORGANIZATIONAL PURPOSE

CYO conducts and oversees an athletic program for Catholic elementary and middle schools of the Archdiocese of Los Angeles to assist its Member Schools in their efforts to instill Catholic values and educate the whole child (the "Parochial Athletic Program"). Through the Catholic Charities CYO Parochial Athletic Program, student athletes have opportunities to compete with athletes enrolled in other Catholic elementary or middle schools. These athletic activities provide a wholesome outlet for a student athlete's physical energy while strengthening the student athlete's spiritual and social values. As the governing body for the Parochial Athletic Program, CYO shall:

- Provide an organizational structure for athletic competition between Member Schools.
- Establish and monitor standards for student athletes, coaches, officials and spectators.
- Provide information and programmatic materials to facilitate active communication among participating Member Schools and its administrators.
- Establish and monitor standards for good sportsmanship and healthy athletic competition.

## PHILOSOPHY OF THE PAROCHIAL ATHLETIC PROGRAM

The mission of the Parochial Athletic Program is fostering the Catholic community through youth sports. With this mission in mind, the policies, procedures, rules and regulations set forth herein are based on the following philosophical objectives:

- To build a community that (1) strives to image Christ and (2) instills Christian sportsmanship in the life-styles of the participants.
- To center the athletic programs for the youth and for the youth's development of physical skills, social skills, emotional and mental growth and spiritual strength.
- To help form well-rounded youth by fostering good health habits, teaching the positive value of athletic participation and showing the necessity of practice, hard work and time management.
- To recognize the vital role the coach plays in the development of the youth and to train the coaches as youth ministry leaders under the Archdiocesan required coaching certification program called Play Like a Champion Today.
- To teach all participants (school administrators, coaches, student athletes and spectators), the proper attitude towards winning, losing and competing with dignity and to offer a specific program for parents called Parent Like A Champion Today to assist in achieving this objective.
- To develop Catholic community, school spirit, team spirit and personal acceptance.
- To train, instruct and follow athletic sport rules.

**SAINT CHARLES BORROMEIO SCHOOL**

10850 Moorpark Street  
North Hollywood, CA 91602  
(818) 508-5359 / FAX (818) 508-4511  
www.scb.school

**ATHLETIC / ACTIVITY PERMISSION FORM**

Your child is interested in being a member of a St. Charles Borromeo School after school program/activity. This program requires commitment and dedication from the student and also welcomes your support. Please read and discuss the following agreement with your child, then sign and date in the appropriate places. The School requires this completed from you and your child in order for him/her to participate in the program.

Student's Name: \_\_\_\_\_ Name of Activity/Sport: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Year: \_\_\_\_\_

I, the parent/guardian of the above named child, hereby request that my child participate in the St. Charles Borromeo extracurricular / school sports program. I agree to direct my child to cooperate and conform to the directives and instructions of the supervisor personnel responsible for the activity. I agree that in the event my child is injured as a result in his/her participation in the extra-curricular/sports program, including transportation to and from the activity, whether or not caused by negligence (passive or aggressive) of the school or Archdiocesan program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be made against and accident; hospital or medical insurance or any available benefit plan of mine or my spouse. I hereby give permission to the physician selected by the school/supervisory personnel then present to render medical treatment deemed necessary and appropriate in any such action. I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity.

\_\_\_\_\_  
Parent/Guardian Name (Please print) Parent/Guardian Signature

\_\_\_\_\_  
Home Address (Street, City, Zip Code)

\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number

Person other than a parent/guardian to notify in case of an emergency:

\_\_\_\_\_  
Name (Please print) Contact Phone Number

I, the student/athlete, understand that to be a member of the St. Charles Borromeo School's extracurricular/athletic program involves a commitment to practices, rehearsals and games, and requires me to always conduct myself in a sportsmanlike and courteous manner. I also understand that my behavior on and off the court / playing field/ activity reflects not only my teammates, but St. Charles Borromeo School and myself as well. To remain eligible, I understand that I must maintain a C- average in school and must not receive a "NI" mark in behavior from two or more teachers. I understand the coach/athletic director/ moderator may suspend or remove me from the team/activity for any acts detrimental to the team/group/school. I must also adhere to the rules and guidelines in the school's parent-student handbook. I also understand that any one of my teachers in consultation with the coach/athletic director/moderator, may suspend or remove me from the team/activity should my grades fall below the minimum standards stated above. A suspension remains in effect until the next grading period or until measurable progress has been made as determined by the teacher.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Received By Date

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## ATHLETIC UNIFORMS

Our school has returned to the original practice of maintaining school sports uniforms and issuing them to students at the start of each session. Uniforms, which will remain the property of the school, will be issued to students at the start of the season and will be returned at the conclusion of the season.

Uniforms (with members) will be issued based on size. No guarantee of numbers will be granted to any student. The practice of purchasing individual uniforms will be phased out with all sports teams.

The following school uniform has been issued to your child. **The school requires a \$125.00 deposit for use of this uniform. We ask that a check be made out to St. Charles School in the amount of \$125.00.** These checks will be held and not cashed. At the close of the season the student must return the uniform in good condition and the \$125.00 check will be returned to the parents. If the uniform is not returned in good condition or if washing instructions have not been followed and the uniform is not in good condition, the school will deposit the check. **If the uniform is turned in late, the check for \$125.00 will be deposited, \$25.00 will be charged for a late fee and the remainder will be applied towards your school tuition.**

Uniforms must be washed in cold water and hung to dry. Uniforms must not be placed in a dryer – this will ruin the uniform. We are working toward more uniformity and pride with our school team uniforms. We appreciate your cooperation with this gradual change regarding the issue and use of sports uniforms.

Parents must sign and return this paper, along with a \$125.00 check in order for your child to receive a uniform. If we do not receive this paper and a check your child will temporarily be placed on the in active list and will be unable to participate in league games until this paper and the check is received. This procedure has been discussed and approved by the Home & School Committee members.

All uniforms **MUST BE RETURNED** to school within one (1) week of the close of the season. The uniform must be dry cleaned in order to receive your deposit – this should eliminate the need to have the uniform cleaned again be re-issuing it. **If the uniform is not dry cleaned, there will be an additional \$25 fee.**

Thank you for your cooperation.

*Coach Dan Rios*

*Athletic Director*

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**Please complete and return as soon as possible.**

I acknowledge the above information and agree to take care of the team uniform, washing it correctly and returning it at the end of the season in good shape. I have also included a check made out to St. Charles School in the amount of \$100.00, understanding it will be returned, provided the uniform is returned in good, clean condition in a timely manner.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

**LOCATION:** \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Activity: Field Trip \_\_\_\_\_ Retreat \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Cost: \_\_\_\_\_

Purpose: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ See Attached: \_\_\_\_\_

Mode of Transportation: Walk \_\_\_\_\_ Car Pool \_\_\_\_\_ Bus \_\_\_\_\_ Other (specify) \_\_\_\_\_

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity.

My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: \_\_\_\_\_

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter'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 son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the 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 son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost 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 son/daughter 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.: \_\_\_\_\_