

# OUR LADY OF SORROWS

Volleyball

## CYO ATHLETIC PROGRAM – Fall, 2019

### PROGRAM PHILOSOPHY

Congratulations and welcome to the OLS athletic program. It is the intent of the OLS Athletic Department to make program participation both a learning and rewarding experience for all participants.

#### PRIMARY GOALS of OLS athletic program:

- 1) To foster a sense of Christian sportsmanship among the children.
- 2) To provide the child opportunity for each child to experience a meaningful contribution to a TEAM.
- 3) To provide the child a means to learn fundamentals of the sport, develop their skills, and learn what it means to give their best efforts at all times.
- 4) To furnish a healthy, competitive environment that provides the means for intellectual, physical, emotional and spiritual development.

#### PLAYING TIME

It is the belief of the OLS Athletic Department that the goals cited above can best be accomplished through the committed participation in practice and, to a varying degree, in games, of all students in the various programs. The purpose of the 5<sup>th</sup> and 6<sup>th</sup> grade teams is to be developmental in nature – preparing all for the chance to participate in the 7<sup>th</sup> and 8<sup>th</sup> grade competitive arena. ***The 7<sup>th</sup> and 8<sup>th</sup> grade level is intended to be a highly competitive level of play, and game playing time is not guaranteed.***

As part of proper preparation, attendance at practices, including maximum effort and commitment to team play and maintaining a commitment to Christian values and sportsmanship is essential. Coaches may use each player's adherence and commitment to these standards in determining playing time in games.

#### PROGRAM PRACTICES

All program practice sessions are open for parental viewing (discretion however is asked in considering the appropriateness of the presence of younger siblings and of sideline comments) with the exception of the first practice after school held in the family center gym.

#### CATHOLIC RELIGIOUS EDUCATION PROGRAM PARTICIPATION

To maintain program participation eligibility, all non-OLS students must attend a Catholic Religious Education Program. Attendance may be verified weekly by the Athletic Department. Anyone found in violation of not attending will be suspended from all team involvement until attendance has improved.

#### ATHLETIC PARTICIPATION PHYSICAL FORM

In order for your child to participate in an OLS program, a current physical (a current-year physical is one given on or after April 15<sup>th</sup> of the previous school year) form must be completed and signed by yourself as well as a physician. This form must be turned in before your child will be allowed to try-out for a team.

#### PROGRAM PARTICIPATION, FEES, UNIFORM POLICY & CONCUSSION FORM

In order for your child to participate in an OLS program, parents must sign and submit the CYO Participation Form acknowledging assumption of risk/injury, fill out the concussion form and pay sport fee prior to receiving a team uniform. (For uniform policy please see the "Uniform Distribution, Care and Return Policy form.)

#### QUESTIONS/CONCERNS – THE LINE OF AUTHORITY

It is strongly advised that any questions or concerns regarding your child's involvement on any team be addressed with the Coach or Athletic Director. Criticisms and concerns discussed with other parents or children is quite likely damaging to the learning environment of our teams, and your child (ren). Please call the Coach or Athletic Director to set up a meeting to discuss any questions or concerns after an ***adequate amount of time (24 hours minimum) to reflect on the question or concern unless it involves safety.***

#### CYO SPORTS GUIDELINES

Please review the "Parish Rules," "Code of Conduct" and other essential information at:

[www.olsorrows.com](http://www.olsorrows.com) → School → Campus Life → Athletics → Athletes Code of Conduct

I have read and agree to with the above: \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian) (Date)

Print Name (Parent) \_\_\_\_\_ Print Name(Student/Athlete) \_\_\_\_\_

# **OUR LADY OF SORROWS**

## **UNIFORM DISTRIBUTION, CARE AND RETURN POLICY**

**In order to assure efficient maintenance and distribution of uniforms (for all children and from year to year), including proper uniform care and timely return, the following rules apply:**

- 1) An Athletic Department representative(s) will distribute uniforms.
- 2) Uniform return will be facilitated at season's end by the Athletic Department, but will remain the responsibility of the player and his or her family.
- 3) (*Football only*) A \$150 deposit will be paid at registration. This check should be made out to the "OLS Athletics" and will be returned upon return of all equipment and uniforms.
- 4) Follow all care instructions for uniforms, equipment, laundry detergents and other products used in the wash and care process.

Upon return to the OLS Athletic Department, the uniform will be recorded and inspected for damage. Failure to return the complete uniform in an acceptable condition (washed and cleaned) will result in assessment to pay for the uniform's replacement or repair. The student athlete and his/her parents will assume complete responsibility for the uniform, without exception. Further, the student athlete will not be allowed to play another CYO sport in the OLS program, or other appropriate measures, until they have returned the uniform or paid for its replacement.

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Parent & Student's Name:** \_\_\_\_\_

**OUR LADY OF SORROWS**

## Consent and Expectations in Educational Athletics

The administration and staff of Our Lady of Sorrows Parish & School, all CYO Parishes/Schools, and the CYO Athletic Office wish to make it clear that CYO programs are educational activities. Athletes, parents and friends must be aware of our expectations with regard to sportsmanship. Unlike professional sports, as a spectator at an athletic event, you are a part of the activity, much like the athletes, coaches, and officials. As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.

Participation in any OLS athletic program is solely at the discretion of OLS and the Athletic Director. Positive behavior is a key expectation for all youths participating in the athletic program. We fully understand that our actions reflect not only on ourselves but on our teammates, coaches, staff and OLS as well. Any action or activity by a player on or off the court or field that places the player or school in a negative or disparaging light will not be tolerated. Whether a player places him or herself or the school in a negative light is determined solely at the discretion of OLS and the Athletic Department. Disciplinary action may include suspension or dismissal from the team and will be determined on a case by case basis.

- It is expected that, as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative and/or derogatory cheers, comments or actions aimed at any coach, official or player are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We realize that we are sending the wrong message when we challenge or abuse the game official(s) sent to the game to administer the rules of these educational activities. It is only the head coach's responsibility to direct questions or concerns to game officials and is never the role of a spectator.
- At all times it is expected that we will respect one another; adults and athletes alike. This especially includes our opponents and officials, without whose involvement, sport contest would not occur.
- Players agree to participate in CYO sports within the rules of the game, team rules and standards set forth in the OLS Student Handbook. The coaching staff and the parish administration are concerned about your safety and want you to enjoy and benefit from athletic participation.
- We fully understand that the consequences of our action may result in the loss of the privilege to attend games, whether home or away.

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Signature of Student and Parent/Guardian that they have read and understand the statements above:

- Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_
- Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_
- Parent/Guardian's Name (Print): \_\_\_\_\_

### **SPORT REGISTRATION (\$50) PARTICIPATION FEES (\$75): Volleyball Total - \$125.00**

In order to participate in this sport, a spring sports participation fee, as indicated above, is required to defray the costs of the Athletic Program. The fee(s) may be paid by personal check (made out to "Our Lady of Sorrows Athletics"), cash or money order. (\$20.00 surcharge will be assessed for returned checks.). ***Please note that the Registration fee is non-refundable!***

Participant's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish of Baptism: \_\_\_\_\_

Participant's School: \_\_\_\_\_ Spring Sport: Volleyball

Parent/Guardian Email(s): \_\_\_\_\_

Participant's Parish membership: \_\_\_\_\_

# OUR LADY OF SORROWS ATHLETICS

## COACH'S ATHLETE EMERGENCY CARD

Athlete's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Home Phone: ( ) \_\_\_\_\_

Mother's Work Phone: ( ) \_\_\_\_\_

Mother's Cell Phone: ( ) \_\_\_\_\_

Father's Work Phone: ( ) \_\_\_\_\_

Father's Cell Phone: ( ) \_\_\_\_\_

Responsible relative/neighbor to be contacted if parents cannot be contacted:

**Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

Any special medical history your coach should be aware of? (Asthma, Diabetes, etc.)  
Please list.

\_\_\_\_\_

If my child becomes ill or injured, in the event I cannot be notified, please proceed with proper first aid and emergency medical care for my child.

Parent(s) Signature: \_\_\_\_\_

## ATTENTION CYO ATHLETES AND PARENTS/GUARDIANS

ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SPORT: Volleyball

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### ASSUMPTION OF RISK -- PROOF OF INSURANCE:

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I \_\_\_\_\_ (signature) Student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury. \_\_\_\_\_ (Date)

I hereby consent to participation by my child, \_\_\_\_\_, in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release Our Lady of Sorrows School and/or Parish, the Catholic Youth Organization (CYO), the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releasees), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release of indemnification apply to the extent of commercial insurance coverage for any claim, but this Release of Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

\_\_\_\_\_  
Parent/Legal Guardian                      Parent/Legal Guardian (print)                      Date

\_\_\_\_\_  
Name of Insurance Company                      Policy or group number (Contact Athletic Director ASAP if no policy exists)

### EXPECTATIONS IN EDUCATIONAL ATHLETICS

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Unlike professional sports, as a spectator at an athletic event, you are a part of the activity, much like the athletes, coaches and officials. **As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.**

- It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- At all times it is expected that we will respect one another; adults and students alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians acknowledge that they have read and understand the above.

\_\_\_\_\_  
Student-Athlete (signature)                      Parent/Guardian (signature)                      Parent/Guardian (signature)

\_\_\_\_\_  
Student-Athlete (print)                      Parent/Guardian (print)                      Parent/Guardian (print)

## **AUTHORIZATION TO USE C.Y.O. PARTICIPANT IMAGES**

1. Our Lady of Sorrows C.Y.O. Athletics Program ("Program") engages in various correspondence with parents, Program participants, coaches, administrators and members of the community regarding its mission and its athletic and other activities, including maintaining a website on the Internet; publishing in a parish and/or School bulletin and/or newsletter or brochure; publishing articles in community newsletters; producing videos or DVDs; taking digital and film photographs, etc. (collectively, "Publication").

2. Parents are the parents or legal guardians of the child identified below who is a participant in the Program ("Participant"):

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

3. In connection with the Participant's participation in Program events and activities, or as part of Participant's activities, Participant, Coaches or Parents may provide to the Program, or the Program may create or have created, certain audiotapes, videotapes, photographs, drawings, or other materials which contain the likenesses of the Participant (collectively, "Images").

4. Parents authorize the Program to use, display, adapt, copy, modify and post any such Images, now or in the future, as the Program deems appropriate, in Publications.

5. Parents understand and agree that there will be no compensation of any kind provided to Parents or Participant by the Program, or by any third party, for the Images for this Authorization and rights granted to the Program by the Parents.

6. Parents or Participant may cancel this Authorization at any time by providing written notice to the Our Lady of Sorrows C.Y.O. Athletics, 23815 Power Road, Farmington, MI 48336. In addition, Parents may, at any time, direct the Program in writing at the same address to remove any particular Image from its web site. Within a reasonable time after such direction, the Program will remove the Images of the Participant from its web site and delete them from future Publications.

7. The Program will not be liable to the Parents and/or the Participant, regardless of the form of action or theory of recovery, for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in any way related to, this Authorization or the Program's use of the Images of the Participant authorized in this Authorization.

Parents have read and understand this Authorization and have made this Authorization based solely on their judgment and not on any representations or promises from the Program. This Authorization constitutes the entire agreement with respect to the Program's use of Images of this Participant. This Authorization may be amended or supplemented only by a writing signed by the Program's representative and Parents.

I do not give my permission for my child's photo to be used by the Program except for yearbook use only.

Parents' Signatures:

By: \_\_\_\_\_ (*Father: Signature – Name - Date*)

By: \_\_\_\_\_ (*Mother: Signature – Name - Date*)



## CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by \_\_\_\_\_

School/Parish

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Student Name Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.



**Catholic Schools**  
Teaching Minds. Reaching Hearts.

## Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Haziness
- Fogginess
- Grogginess
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

**UNDERSTANDING** Information for parents and students (Content meets MDCH requirements)

# CONCUSSION

## What is a concussion?

A **concussion** is a type of **traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

## If you suspect a concussion

**1. SEEK MEDICAL ATTENTION RIGHT AWAY** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports.

**2. KEEP YOUR STUDENT OUT OF PLAY**

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

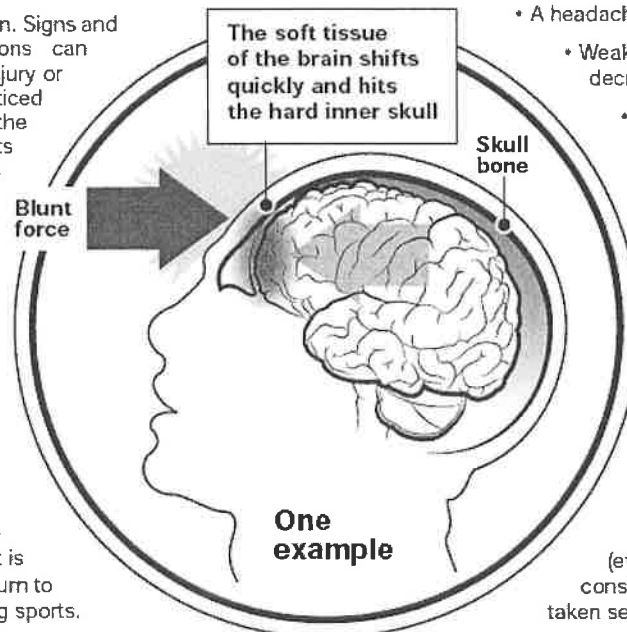
**3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION**

Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

## Concussion danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)



## How to respond to a report of a concussion

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion.

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

# !!! WHEN IN DOUBT...SIT OUT !!!