



Dear Parents,

We are very excited to volunteer as Volleyball Directors at St. Elizabeth School! We look forward to continuing our success and hard work during the upcoming 2019 volleyball season. Although competitive, volleyball is a team-oriented sport that develops coordination and strategy, and forges friendships.

We need your immediate response if your daughter is interested in joining the Volleyball Team this season at St. Elizabeth School. In the past, St. Elizabeth School has formed both Varsity (7th - 8th graders) and JV (4th - 6th graders) teams for entry into the League. The Spring League sets its schedule at this time of year and the matches will be played 2 or 3 times per week during April through May with League playoffs in early June.

Please contact Keri Rigoli as soon as possible by email or phone to advise us of your daughter's intention to commit to the team. The cost to participate as a member of the St. E's Volleyball Team is \$125. Please submit the completed registration form and check payable to St. Elizabeth HSA by **Friday, March 8th**, Attn: Veronica Romond. No child will be permitted to participate in practice or matches until her health and safety paperwork for the 2018-2019 school year has been submitted to Mrs. Jaffe, the school nurse, and we have received her clearance.

Parent coaches and assistant coaches are needed. Please let us know if you can help and confirm that you have your Protecting God's Children and Rutgers Safety Certifications.

We are also in need of a parent/student volunteer who would take a few action photographs of their daughter/sister and each of her teammates during play to be displayed during the presentation of trophies at the Spring Sports Awards dinner.

Thank you for your prompt response. We look forward to another exhilarating season of Volleyball at St. Elizabeth School!

Best regards,

Keri Rigoli
Krigoli5@gmail.com
201.819.2750

Veronica Romond
Veronica.romond@gmail.com
917.973.7031



2019 GIRLS VOLLEYBALL REGISTRATION FORM

Child's name: _____

Grade: _____ DOB: _____

Has your daughter played volleyball prior to this year? _____

If yes, where? _____

Parent(s) name: _____

Parent(s) e-mail: _____

Parent(s) cell number: _____

Emergency Contact (name and number): _____

Parent(s) e-mail: _____

Please list any allergies, including medication. If none, please write none.

COACH VOLUNTEER SECTION

Are you willing to be a Head or Assistant Coach? _____

Name: _____

Contact email: _____

Contact number: _____

Have you taken Protecting God's Children? Yes / No

Do you have your Rutgers Certification? Yes / No

Have you done any of the positions listed above before? Please explain. _____

Parents:

All students in grades 6-8, participating in interscholastic sports, must submit a current physical (valid for one calendar year), prior to the first day of practice. If the first day of practice is greater than 90 days from the date of the physical, parents must complete the Health History Update Questionnaire.

In addition, the Sudden Cardiac Health Pamphlet must be read and the Sign Off sheet signed by both the parent and the student athlete. No one will be permitted to participate in practices or games until all forms are received. All sports forms can be found on the Saint Elizabeth web site. Questions may be directed to the Health Office. Thank you for your cooperation.

Denise Jaffe RN, CSN

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

State of New Jersey
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet
Sign-Off Sheet**

Name of School District: _____

Name of Local School: _____

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: _____

Parent or Guardian
Signature: _____

Date: _____