

### SAINT PASCHAL BAYLON SCHOOL 2019-2020 SPORTS PROGRAM

Saint Paschal Baylon School (SPBS) is proud to provide our students with a large, varied, thriving and competitive sports program. SPBS holds team practices Monday-Thursday, plays other designated Catholic elementary schools in the Valley Catholic Sports League (VCSL), and/or participates in weekend middle school sports tournaments.

The fee for participation is \$75.00 per sport listed below. Payment is due in the office prior to the start of the first practice of the season. *All students* who will be playing (and practicing) on SPBS boys' or girls' athletic teams must complete: *Permission to Participate in the SPBS Sports Program Form; Archdiocesan Activity Permission Form;* and *Athletic Code of Conduct,* and return forms with a <a href="mailto:check-for-example-color: check-for-example-color: check-for-example-color

There must be an adult present on Uniform Distribution for a student to receive his/her team uniform. No uniform will be provided without receipt of completed permission forms and \$75 fee (please make checks payable to "St. Paschal Baylon School or SPBS"). This fee is not a deposit: it covers the Valley Catholic Sports League fees, referee fees, field rental fees, SPBS uniforms/polos, our annual Sports Banquet, a portion of the SPBS Varsity Jacket cost, insurance, and other expenses. NOTE: Team uniforms and navy/red polo shirts are provided by the school on loan and must be returned at the end of each season. If the student fails to return any part of the uniform and/or team polo shirt in a timely manner, the family will be billed by SPBS.

Thank you for your interest, collaboration, and support of the SPBS sports program. We are looking forward to another successful BEARS sports season! Please remember that our SPBS student-athletes represent Saint Paschal Baylon School, and as such, will be held to all expectations of behavior outlined in the SPBS Parent/Student Handbook, and the SPBS "Athletic Code of Conduct" both on our campus, and on any other field of play.

If you have any questions please contact our SPBS Athletic Director, Mrs. Patricia Beck, at 805-495-9340, EXT.126

GO BEARS! Mrs. Patricia Beck, SPBS Athletic Director Mr. Ryan Bushore, Principal

## **ARCHDIOCESE OF LOS ANGELES**

# SAINT PASCHAL BAYLON SCHOOL STUDENT YOUTH ACTIVITY PERMISSION FORM



STUDENT'S NAME (Print):				GI	RADE:			
Activity:	Valley Catholi	c League Sports Pi	rogram/SP	BS Athletic	Team			
Date: <b>20</b>	19-2020 Scho	ool Year	Cost:	\$75.00 per	Sport / (	Cheer – NO Fee		
Educational Purpose: To educate the "whole child", and fulfill our school SLE's through athletic competition								
Description of Activity: Valley Catholic League Sports Program/SPBS Team Sports and all associated SPBS-sponsored athletic events/activities  Mode of Transportation:Walk _X _CarBusOther (specify) Teacher/Adult Leader: SPBS Coach(es) Attire: FULL SPBS Team Uniform is REQUIRED for Games, in order to Participate								
								I request that my son/daughter be permitted to participate in the above sport/team/activites. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form (SPBS "Emergency Card") to the school. I agree to direct my child to cooperate and conform to directions and instructions of the, school, parish or Archdiocesan personnel responsible for this activity.
As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, the Archdiocese of Los Angeles Education & Welfare Corporation, and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.  Should it be necessary for my son/daughter to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.								
								applicati my child.
	Parent/Guardia	n Signature		Da	ate	_		
Home Pl	hone	Cell Phone		Work Phon	e	Email		
Pe	rson to Notify i	n Case of Emerger	ncy - <i>If Par</i>	ent or Guar	dian Is U	navailable:		
Name:								
Day Phon	e:	Cell:		_Email <u>:</u>				

#### **OFFICE USE ONLY** SAINT PASCHAL BAYLON SCHOOL CHECK #:\_\_\_\_\_ SPORTS PERMISSION FORM/ RELEASE FOR THE 2019-2020 SCHOOL YEAR JERSEY #:\_\_\_\_ SHORTS #:\_\_\_ SH. SHIRT #: STUDENT ATHLETE'S LAST NAME, FIRST NAME SH. PANTS #:\_\_\_\_\_ POLO SHIRT #:\_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_CELL PHONE #:\_\_\_\_\_

Baylon School Sports Program in the team listed above.

Students must be in the complete SPBS team/cheer uniform in order to participate in the game.

I hereby request that my son/daughter\*\_\_\_\_\_\_attend/ participate in the St. Paschal

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE #:\_\_\_\_

ALLERGIES, MEDICATIONS, ETC.: \_\_\_\_\_

**GRADE** 

**SPORT** 

BIRTHDATE

GROUP / MEMBER #:

Transportation is the responsibility of the student athlete's parent and/or guardian - transportation is not provided nor arranged by the school for any games or tournaments. Students may not proceed to the Hall for practice or for a game without being accompanied by their SPBS Coach.

Furthermore, I do not hold anyone connected with this activity responsible if any misfortune should occur. I understand and support the fact that my son/daughter must comply with the directions given by the school to the group involved in this activity. I request that my child be permitted to participate in the above SPBS Sports Program. I agree to instruct my child to cooperate and conform to the directions and instructions of the supervisory personnel in charge of the team, and to represent SPBS with pride. I understand that my child's behavior on and off the playing field reflects on SPBS, and I will instruct them to behave appropriately.

I will discuss the SPBS Athletic "Code of Conduct" with my child, prior to having it signed. I will help my child understand that losing with honor is an important "life lesson". In addition, I understand that the 5th and 6th Grade "B" teams are considered more "instructional", and therefore efforts will be made by the coaches to allow some playing time for all players to participate in as many league games as possible, based on the criteria for playing time established for each team by the coach.

However, the SPBS 7<sup>th</sup> and 8<sup>th</sup> Grade "A" teams compete during the regular season, in order to earn a place in the Valley Catholic League Playoffs. Therefore, in those grades our SPBS teams are "competitive" and do try and win games as a goal, as well as having instructional skill building and team building as goals. This advanced level will therefore by its nature provide less playing time for some players and more for others, again based on the criteria established for each time by the coach. Please help your child understand there is inherent value to being on the team-no matter their skill level, even when they do not experience much playing time in games.

PARENT/GUARDIAN SIGNATURE: DATE: \* NOTE: A SEPARATE PERMISSION FORM / RELEASE MUST BE FILLED OUT FOR **EACH** STUDENT IN A FAMILY.

## **SAINT PASCHAL BAYLON SCHOOL SPORTS PROGRAM**

#### SAINT PASCHAL BAYLON SCHOOL - ATHLETIC CODE OF CONDUCT AGREEMENT

А	ATHLETE'S NAME:	GRADE:			
1.	BE ON TIME AND READY TO PRACTICE OR EQUIPMENT: PLAYERS MUST BE IN FULL T				
2.	YOU ARE EXPECTED TO BE AT ALL PRACTICES DUE TO ILLNESS, YOU MUST GIVE PRIOR NOT				
3.	GRADES AND SCHOOLWORK ARE A TOP PRI CLASSROOM - ACADEMICALLY AND BEHAVIOR				
4.	REPORT ALL INJURIES TO THE COACH IMMED SEVERITY - NOBODY SHOULD PLAY THROUGH				
5.	UNSPORTSMAN-LIKE CONDUCT WILL NOT E OPPONENTS OR TEAMMATES WILL BE DEALT V				
6.	UNEXCUSED ABSENCES FROM PRACTICES OF ATHLETE OR PARENT MUST CONTACT THE CONTACT WILL BE MISSED DUE TO ILLNESS OR A	OACH PRIOR TO THE PRACTICE OR GAME			
7.	REPRESENT SPBS WITH PRIDE AT ALL TIMES EXTENSION OF YOUR COACH AND SCHOOL. IT				
8.	PLAY HARD EACH MINUTE YOU ARE IN A GAN SCORE. <b>BEARS WIN WITH PRIDE AND LOS</b>				
9.	PLAYERS ARE EXPECTED TO PARTICIPATE IN POSSIBLE TO PARTICIPATE, PLEASE GIVE YOU				
10.	YOU UNDERSTAND THAT "BENCH PERSONNEL AS PLAYERS IN THE GAME — SO YOU AGRE MEMBERS OF EACH TEAM, NEVER CRITICIZ NEVER CRITICISE THE OPPOSING TEAM'S PLAY	E TO SUPPORT AND CHEER ON ALL THE E ANY TEAMMATE, AND STAY POSITIVE!			
I AGRE	AGREE TO COMPLY WITH THE ABOVE "SPBS ATHLETIC CODE OF CONDUCT":				
		DATE:			
STUDENT	SIGNATURE:				

PARENT/GUARDIAN SIGNATURE: