



St. Matthew School
Attn: SMPAA - Registration
9329 S. Chicago Road
Oak Creek, WI 53154

St. Matthew Parish Athletics for 2021-2022

Hello Parents!

We welcome and invite your sons and daughters, either as students attending St. Matthew School or participating in St. Matthew's Religious Formation Program to join our athletics teams for the 2021-2022 school year coordinated through the St. Matthew Parish Athletic Association (SMPAA). There are three sport seasons during the school year sponsored by the Archdiocese of Milwaukee and our athletic program offers the following sports within each season:

Fall Season: Soccer (Co-ed), Cross Country (Co-ed) and Volleyball (Girls)

Winter Season: Basketball (Boys and Girls)

Spring Season: Soccer (Co-ed)

Each of our sports has a Sport Coordinator. These volunteers are here to assist parents and coaches with information they need or questions they may have. They are very instrumental in communicating with the leagues we are members of and coordinating our teams' participation in games, events and tournaments. Here are our Sport Coordinators for the 2021-2022 athletics year:

Basketball

Jason Fischer
(414) 732-5329
jfischer@fiebing.com

Cross Country

Alicia Bultman
(414) 759-3660
alicia.bultman@gmail.com

Soccer

Jason Lipski
(414) 412-8424
jlipski26@yahoo.com

Volleyball

Margie Kidder
(414) 940-1948
margkidder@gmail.com

Important Dates

Fall Sports Calendar
April 20, 2021 - SMPAA Fall Season Board Meeting
May 28, 2021 - Fall Soccer/Volleyball Registration Deadline
August 9, 2021 - Fall Season Athletics activities may begin
August 15, 2021 - Cross Country Registration Deadline

Winter Sports Calendar
September 10, 2021 - Basketball Registration Deadline
September 20, 2021 - SMPAA Winter Season Board Meeting
November 8, 2021 - Winter Season Athletics activities may begin

Spring Sports Calendar
January 25, 2022 - SMPAA Spring Season Board Meeting
February 11, 2022 - Spring Soccer Registration Deadline
March 21, 2022 - Spring Season Athletics activities may begin

Please note the important Archdiocese and SMPAA policy information below regarding athletics participation:

- Completed registration forms and all registration payments **MUST** be received **PRIOR** to your child participating in any league games or practices.
- For children in Grades 5-8, a Physical Examination form signed by the child's physician is required. The form does not need to be submitted at the time of registration but **MUST** be turned in **BEFORE** your child can practice. A physical exam form completed on April 1, 2021 and thereafter is valid for the following two (2) school years. A physical exam form completed prior April 1, 2021 is valid only for the remainder of that school year and the following school year.
- Religious Education families must be registered, attending classes and paid for 2021-2022 classes prior to registering for any athletic program.
- Insurance information is requested in the Medical information and Emergency Consent Form [6145.2(a)]. Due to safety concerns and liability issues, no child will be permitted to participate without current insurance coverage. **NO EXCEPTIONS** to this policy will be made.

Parents, we encourage you to register promptly for all desired sports for the entire 2021-2022 athletics year. For **EACH** child registering, please read through and complete the following:

- 1) SMPAA Registration Record
- 2) Archdiocese forms (6 forms in total - weblink to forms listed in Additional Sports Details page below)

Completed forms and total registration fee payment for all elected sports (Checks payable to **SMPAA**) can be mailed to St. Matthew School at the address at the top of page one, deposited in the Athletic Director's mailbox in the hallway outside of church, or dropped at the Parish Office - either in the mailbox or in the mail slot at the door.

Timely registration for these teams is critical and SMPAA wants to be a good citizen to the leagues with which we are affiliated. Registration deadlines for each sport are detailed below (*Late Registration will be accepted subject to a \$50.00 late fee*). With the exception of students new to the school, which includes all K4 students, no registrations will be accepted after the Late Registration dates listed below:

- Fall Soccer:** May 28, 2021 (*Late Registration accepted until June 9, 2021*)
Volleyball: May 28, 2021 (*Late Registration accepted until June 9, 2021*)
Cross Country: August 15, 2021 (*Late Registration accepted until September 1, 2021*)
Basketball: September 10, 2021 (*Late Registration accepted until September 17, 2021*)
Spring Soccer: February 11, 2022 (*Late Registration accepted until February 25, 2022*)

As always, we are excited to have your children participate in our athletics programs. We believe that athletics not only promotes physical fitness for the kids, but teaches them communication and sportsmanship. Coaches, Sport Coordinators and members of the SMPAA Board are here to ensure that you and your children have fun and a great experience. Please feel free to reach out anytime should you have questions or need any information.

Thank you for your participation and support of St. Matthew Athletics. **GO BULLDOGS!!!**

Steve Posto
SMPAA Athletic Director
athletics@stmattoc.org

Additional Sports Details

Basketball:



Grades: 5th – 8th ; Boys Teams and Girls Teams

Winter Season: November – March

Registration Fee: \$80.00

Uniforms: Jerseys & Shorts will be provided

Game Times and Locations:

All games will be played on Saturdays and Sundays at various locations throughout SE Wisconsin

Tournaments:

Two tournaments per year (included in registration fees) are permitted and will be entered based on availability.

League Information:

Parkway Parochial League

Website: <https://parkviewparochial.org/basketball/>

Volleyball:



Grades: 5th – 8th ; Girls

Fall Season: August – October

Registration Fee: \$70.00

Uniforms: Jerseys will be provided (Players will provide shorts with color determined by team coach)

Game Times and Locations:

All games will be played on Saturdays and Sundays at various locations throughout SE Wisconsin

Tournaments:

Two per season are permitted for Grades 5&6 and three per season for Grades 7&8 and will be entered based on availability (included in registration fees).

League Information:

Parkway Parochial League

Website: <https://parkviewparochial.org/vb-2/>

Soccer:



Grades: 4K – 8th ; Each team is Co-ed

Fall Season: August – October

Spring Season: March – May

Registration Fee (per season): \$40.00

\$10.00 (K4 participants)

Uniforms: Jerseys will be provided

Game Times and Locations:

All games will be played on Saturdays and Sundays at St. Matthew's or Divine Mercy (South Milwaukee)

League Information:

Bay View Parochial Soccer League

Website:

<https://www.facebook.com/pages/category/Youth-Organization/Bay-View-Parochial-Soccer-League-BVPSL-651272428675915/>

Cross Country:



Grades: 3rd – 8th ; Team is Co-ed

Fall Season: August – October

Registration Fee: \$30.00

Uniforms: Jerseys will be provided

Meet Times and Locations:

Meets will be run on weekdays after school at various locations throughout SE Wisconsin. Parent volunteers will transport the students to the meets.

NOTE: *Please take care of all uniforms issued to your child. Any LOST or DAMAGED uniforms will result in a replacement fee of \$75.00.*

Website address for Archdiocese Athletics Forms -- www.archmil.org/offices/athletics/Resources.htm

6145.2(j) - Parent and Athlete Concussion Acknowledgement

6145.2(m) - Parent/Guardian Sportsmanship Pledge

6145.2(b) - Parents and/or Legal Guardians Risk Acknowledgement and Consent to Participate

6145.2(c) - Physical Examination Form - Athletic Participation **(Required for 5th-8th grade athletes ONLY)**

6145.2(a) - Student Athlete – Medical Information & Emergency Consent

6145.2(k) - Student-Athlete Sportsmanship Pledge



St. Matthew Parish Athletic Association Registration Record 2021 - 2022



Player Information

First: _____ Last: _____ Gender: Male ____ Female ____

Address/City/State/Zip: _____

School Name: _____ Grade: _____ Date of Birth: _____ (mm/dd/yyyy)

Parent/Guardian - Contact Information

Parent/Guardian -- Primary Contact

First: _____ Last: _____ Relation: _____ E-mail: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Parent/Guardian -- Secondary Contact (optional)

First: _____ Last: _____ Relation: _____ E-mail: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Sport Registration - Check ALL that apply - **Make all checks payable to SMPAA**

Fall Soccer \$40 (\$10 K4)	Cross Country \$30	Volleyball \$70	Basketball \$80 Boys Girls	Spring Soccer \$40 (\$10 K4)
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Jersey Size (approximate): **Youth** XS S M L XL **Adult** S M L XL

Volunteer Requirement - Indicate below for **ALL** athletic seasons in which your child participates

Fall Soccer Concessions Basketball Clock/ScoreBook Basketball Concessions Spring Soccer Concessions

Coach Donation to SMPAA
Sport: _____ (unable/unwilling to volunteer - recommended \$200)

Parent/Guardian Signature: _____ **Date:** _____

By entering my full name (First/MI/Last), I attest that this constitutes my legal electronic signature on this form

SMPAA Use Only

Received by: _____ Date: _____

Forms Received: _____ Concussion _____ Player Sportsmanship _____ Parent Sportsmanship
 _____ Medical _____ Risk Acknowledgement _____ Physical Exam _____ Payment Received - Check # _____



SMPAA Parent Volunteer Requirement 2021-2022



St. Matthew Parish Athletic Association (SMPAA) partially funds required field maintenance, gym rental fees, athletic uniforms, and other related athletic improvements through registration fees and concession revenue. We rely heavily upon all of the families participating in our sports programs to assist SMPAA in facilitating concession sales at St. Matthew's during the Fall and Spring Soccer seasons and concessions and time/scorekeeping at Parkway Apostolic Gym during the Basketball season. These concession revenues and your volunteered time are **vital** to SMPAA and our athletics programs.

SMPAA requires that each family commit to four (4) hours during each athletic season (Fall, Winter, Spring) in which your child(ren) participates. For example, if you have a child participating in Basketball and Spring Soccer, we would request someone to work four hours in Winter and four hours in Spring. The number of children you have participating during a single season does not matter; we are only requesting a minimum four hours per season (more, if possible, would be welcomed). In addition, your involvement would not be limited to the specific sport/activity/season in which your child(ren) participates.

Volunteer opportunities will be presented to you by SMPAA through the SignUp Genius website, www.signupgenius.com. These opportunities will be sent to the email addresses provided on the registration form. Invitations will be emailed prior to the first games for a sport season. Please ask your coach or Sport Coordinator for any details if you do not receive a volunteer request via email. Throughout the seasons, other volunteer opportunities may be available for families to achieve their hours. These may include field maintenance and other tasks as needed by the SMPAA. If your availability changes related to any scheduled involvement activity, please cancel your signup several days in advance so that others may sign up in your place. **FAILURE TO REGISTER FOR AND COMPLETE THESE REQUIRED ATHLETICS VOLUNTEER HOURS WILL RESULT IN VOLUNTEER TIME BEING ASSIGNED TO YOU. FUTURE REGISTRATIONS FOR YOUR CHILD(REN) MAY BE DENIED AT THE DISCRETION OF THE BOARD IF YOUR HOURS ARE NOT COMPLETED.**

Description of Volunteer Requirement Opportunities

Coaches / Sport Coordinators / SMPAA Board Members: SMPAA is always on the lookout for parents/adults looking to coach a team, coordinate a part of our athletics program, serve as an at-large Board Member to present their ideas at SMPAA Board meetings or even occasionally fill-in for an absent Board Member.

Basketball Concessions: Assist in setup/take down of concession stand, entrance fee collection, collect money from sales, let coordinator know if food/beverages or supplies are running low.

Basketball Clock/Scorebook: Start/stop clock, maintain accurate score, keep track of individual player's points, fouls, and timeouts for each team.

Fall/Spring Soccer Concessions: Assist in setup/cleanup of concession stand, collect money from sales, one person will grill, food prep, let coordinator know if food/beverages or supplies are running low.

Head/Asst. Coach: Develop player skills, teach techniques, game strategy, sportsmanship, and provide encouragement to all players. The Archdiocese of Milwaukee **REQUIRES** the following for any individual looking to be a Head or Assistant Coach prior to participating in ANY team activities:

- 1) Completion of ALL Coaches' Agreement Forms and Online classes (<https://cmgconnect.org>)
- 2) Completion of "Safeguarding All of God's Family" class.

With my signature below, I agree to all terms and conditions of the SMPAA Parent Volunteer Requirement detailed above.

Parent/Guardian Signature: _____

Date: _____



STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

PARTICIPANT'S NAME:		
ADDRESS:		
CITY:	ZIP:	PHONE:
PARENT/LEGAL GUARDIAN:		
ADDRESS:		
EMPLOYER:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
OTHER EMERGENCY CONTACT PERSON:		PHONE:

MEDICAL INFORMATION

FAMILY PHYSICIAN:	PHONE:
GROUP/ADDRESS:	
HOSPITAL OF PREFERENCE:	

INSURANCE INFORMATION

SUBSCRIBER:	GROUP NUMBER:
POLICY NUMBER:	COMPANY:
PRE-EXISTING MEDICAL CONDITIONS:	

I authorize the coaching staff to provide emergency medical treatment of any injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgment may be deemed necessary in the care of (child's name) _____

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

PARENT/LEGAL GUARDIAN:	DATE:
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PARENT AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed annually prior to participation in any sport.*

Parent Agreement:

I, _____ have **read** the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

PARENT/GUARDIAN SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Athlete Agreement:

I, _____ have **read** the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

ATHLETE SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form
6145.2(b)

**PARENTS AND/OR LEGAL GUARDIANS
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM**

PARTICIPANT:		BIRTH DATE:
ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		

My/our child wishes to participate in the sport(s) of (list all)

_____ during the 2021-2022 school year.

I/We will realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated our child's participation in the above listed sports and the potential injuries that may occur.

I/We will assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**STUDENT-ATHLETE
SPORTSMANSHIP PLEDGE**

Sports-man-ship – n. conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

STUDENT-ATHLETE:	PARENT(S) /GUARDIAN(S):
COACH:	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. ListECKI</i>

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form
6145.2(m)

**PARENT/GUARDIAN
SPORTSMANSHIP PLEDGE**

Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a parent/guardian of an Archdiocese of Milwaukee student-athlete, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for players, coaches and spectators.
- Provide encouragement and support for players and coaches.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my son/daughter.
- Take responsibility for my actions.

I understand that I may not be able to attend activities if I do not display good sportsmanship.

PARENT(S) /GUARDIAN(S):	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. Listecky</i>
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



PHYSICAL EXAMINATION FORM - ATHLETIC PARTICIPATION

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

STUDENT INFORMATION

STUDENT'S NAME:				
ADDRESS:		CITY:	STATE:	ZIP:
DATE OF BIRTH:		PLACE OF BIRTH:		
AGE:	SEX:	GRADE:	HEIGHT:	WEIGHT:
SCHOOL:			CITY:	

PHYSICIAN'S RECOMMENDATIONS AND EXAMINATION

The above named student has been examined and there are no apparent restrictions to participation in interscholastic athletic activities except as follows:

<input type="checkbox"/> CLEARED WITHOUT RESTRICTION				
<input type="checkbox"/> CLEARED, WITH THE FOLLOWING QUALIFICATIONS:				
<input type="checkbox"/> NOT CLEARED <input type="checkbox"/> PENDING FURTHER EVALUATION <input type="checkbox"/> FOR ALL SPORTS <input type="checkbox"/> FOR CERTAIN SPORTS				
REASON:				
RECOMMENDATIONS:				
NAME OF PHYSICIAN (PRINT OR TYPE):				
SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP:				
ADDRESS/CLINIC:		CITY:	STATE:	ZIP:
TELEPHONE:		DATE OF EXAMINATION:		