

ST. MATTHEW ATHLETICS

In order to prepare for the 2011-2012 athletic programs and budget, we need to know which sport(s) your child(ren) will be participating in. Please fill out the attached forms and return them to the school office with fee payment to SMPAA before summer break.

5th through 8th graders are required to have a physical. If a physical is scheduled, please put a note stating the date of your child's scheduled physical on the sign-up form, and return the physical form upon completion as soon as possible. The physical is good for two years, so if you had one last year there is no need for another. Risk acknowledgement, emergency consent forms, and code of conduct forms are also required for each participant. Those failing to return fully completed forms and payments will be restricted from participation.

The programs offered through St. Matthew Athletics are as follows:

FALL:

Soccer (August 15-November 7th) Co-ed Grades K5-8

Uniforms: Blue/Yellow soccer shirts and shorts (provided) Grades 5-8

Blue/Yellow soccer shirts (provided) Shorts (provided by player) K5-4

Games played weekends at St. Matthew or Divine Mercy

Registration Fee: **\$30.00**

Girl's Volleyball (August 15-November 7th) Grades 5-8

Uniforms: Blue/Yellow short sleeve shirts (provided) Shorts (provided by players)

Games played weekends at various locations

Registration Fee: **\$55.00**

St. Matthew Cross Country (August-November) Co-ed Grades 5-8

Uniforms: Blue/Yellow shirts (provided)

Meets at various locations

Registration Fee: **\$20.00**

WINTER:

Boy's Basketball (November 8th-March 23rd) Grades 5-8

Uniforms: Blue/Yellow uniforms (provided)

Games played weekends at various locations

Registration Fee: **\$65.00**

Girls Basketball (November 8th-March 23rd) Grades 5-8

Uniforms: Blue/Yellow uniforms (provided)

Games played weekends at various locations

Registration Fee: **\$65.00**

Cheerleading (November 1st-March 31st) Grades 5-8

Uniforms: Blue/Yellow uniforms (provided)

Cheer at boy's basketball games at various locations

SPRING:

Soccer (March 24th-end of school) Co-ed Grades K5-8

Uniforms: Same as fall soccer

Games played weekends at St. Matthew or Divine Mercy

Registration Fee: **\$30.00**

Athletic Registration 2011-2012

Student Name _____ Grade _____

Phone _____ Date of Birth _____

Please check all activities your child will participate in during the 2011-2012 school year.

SOCCER _____ **Fall (\$30.00)**
_____ **Spring (\$30.00)**

VOLLEYBALL _____ **(\$55.00)**

CROSS COUNTRY _____ **(\$20.00)**

BASKETBALL _____ **Boys (\$65.00)**

_____ **Girls (\$65.00)**

CHEERLEADING _____ **(\$25.00)**

TOTAL ENCLOSED \$ _____ **(check payable to SMPAA)**

***Please return all forms and payments before Summer Break.**

Dear parents,

If you plan to sign your daughter up for volleyball, please have your registration turned in by **May 26**. The registration form reads that it can be turned in at Back to School day in August, but this only applies to the other sports. We need to register our volleyball teams in July and therefore need those registrations earlier. If you have any questions, please feel free to contact me.

Thank you.

Stacy Sims
Volleyball Coordinator

2011-12 St. Matthew Parish Athletic Association Volunteer Policy

The SMPAA will be collecting a check for \$100 when a family registers for sports for the 2011-2012 school year. We ask the family to post-date the check made payable to SMPAA for May 1, 2012. When a family's hours of volunteer time are fulfilled, the check will be returned. If the family does not fulfill their volunteer hours by the end of the 2011-2012 school year the SMPAA will process the check.

Each family will be required to volunteer 4 hours per sport during your specific season. For example, if you have a child playing fall soccer, basketball and spring soccer, you would be required to volunteer 4 hours in fall soccer, 4 hours in basketball, and 4 hours for spring soccer. The number of children you have participating during a season does not matter; you are required to volunteer only 4 hours.

SMPAA has set up a website for you to select the hours you want to work. After you've filled out your registration paperwork and submitted it with this Volunteer form which asks for your e-mail addresses, you will be e-mailed a link to sign up for the appropriate sport. The website is www.signupgenius.com. If you do not sign up for an available shift, the SMPAA will assign one for you and post the schedule that will reference your family's name and date/time you are scheduled. In order to have your volunteer deposit returned, you must show up on your scheduled date, or have someone over the age of 16 years old work for you. If you can't make your scheduled shift, the person covering for you must state who they are covering for and your volunteer commitment will have been completed. Failure to show up, or send a substitute person to work for you, will forfeit your volunteer deposit to the SMPAA. The SMPAA will not be changing the schedule once it is posted, but will allow substitutions if parents can work them out amongst themselves. The volunteer coordinator will then reimburse those families that have met their commitment.

SMPAA Board members will be scheduled to be at all home events this season to monitor game progress and be available for any questions that may arise. The SMPAA "Board-Member-on-Duty" will track the families that are scheduled to work for that day. All volunteers must check-in when they start their volunteer time and check-out when they finish their shift with the "Board-Member-on-Duty".

Other volunteer opportunities are available for families to achieve their hours. Those include volunteering at the St. Matthew Soccer Classic, field maintenance, uniform distribution, scorebook and clock operation and other appropriate jobs as approved by the SMPAA.

By signing below I agree to the above St. Matthew Athletic Volunteer Policy and understand that if I do not fulfill the required hours as stated in the policy I will forfeit my \$100 deposit.

Parent Name: _____

Parent Signature: _____

E-Mail address: _____

Make check payable to SMPAA. This check should be separate from the check you write for registering for a sport.

ARCHDIOCESE OF MILWAUKEE

Student Athlete - Medical Information & Emergency Consent Form

Participant's Name _____ Birthday _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

Other Emergency Contact Person _____ Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Pre-existing Medical Conditions: _____

I authorize the coaching staff to provide emergency medical treatment of an 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 wick in his or her judgement may be deemed necessary in the care of (child's name) _____

Parent / Legal Guardian Date

Parent / Legal Guardian Date

ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____

Address _____

1) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My/our child wishes to participate in the sport(s) of (list all)
_____ during the _____ school year.

I/We 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 with our child's participation in the above listed sports and the potential injuries that may occur.

I/We 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 Date

Parent/Legal Guardian Date

**ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION
FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC
ATHLETICS - BOYS AND GIRLS**

*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name: _____
Last Middle Initial First

Place of Birth (City, St.) _____ Age: _____ Sex _____

Date of Birth: _____ Weight: _____ Height: _____

Grade _____ School: _____ City: _____

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

Sports or school activities in which this student cannot participate are (if none - write NONE):

*If approved for only one year of competition, check here. _____

Signature of Licensed Physician or Surgeon: _____
(print or type)

Signature: _____

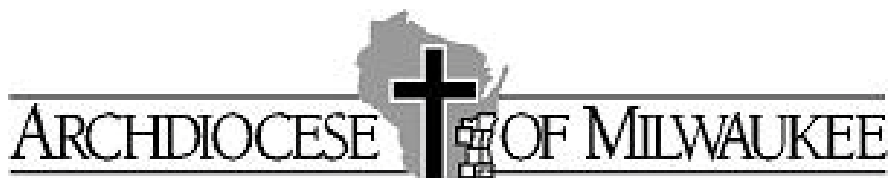
Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Examination: _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.

5th - 8th grade children only



Archdiocese of Milwaukee
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)

+ Jerome E. Listecki

Coach

Archbishop Jerome E. Listecki

