



St. Viator Athletic Association Programs Consent Form



PERSONAL & EMERGENCY CONTACT INFORMATION

Student's Name: Resides at Street Address:	Grade: Date of Birth:	Health / Medical Conditions:
Parent's Name: Street Address:	Cell Phone: Email:	
Parent's Name: Street Address:	Cell Phone: Email:	
Step-parent / Guardian's Name (if applicable): Street Address:	Cell Phone: Email:	

SPORT (one form per child)

Fall		Winter			Spring			
<input type="checkbox"/> Co-Ed Cross Country	5 th - 8 th	\$65	<input type="checkbox"/> Travel Basketball	4 th - 8 th Boys	\$110	<input type="checkbox"/> Travel Volleyball	4 th - 8 th Boys	\$60
<input type="checkbox"/> Intramural Basketball	3 rd - 8 th Boys	\$40	<input type="checkbox"/> Travel Basketball	4 th - 8 th Girls	\$110	<input type="checkbox"/> Travel Volleyball	4 th - 8 th Girls	\$60
<input type="checkbox"/> Intramural Cheerleading	3 rd - 8 th Girls	\$40	<input type="checkbox"/> Intramural Rock 'n Jock	3 rd - 8 th Boys	\$40	<input type="checkbox"/> Co-Ed Intramural Volleyball	3 rd - 8 th	\$40
<input type="checkbox"/> Itty & Bitty Basketball	PreK 3 - 3 rd	\$40	<input type="checkbox"/> Intramural Basketball	3 rd - 8 th Girls	\$40			

TOTAL PAYMENT ENCLOSED: _____

Payment and Form are due at the beginning of the Program. Make Checks Payable to *St. Viator Athletic Association*
Contact Anne Mullen (annemullen3@gmail.com) for any questions regarding payments or fees.

ATHLETIC ASSOCIATION CONTACT INFORMATION

President	Brian Downes	bdownes@sbcglobal.net	Coordinators and coaches for our programs are listed at https://www.stviatorchicago.org/athletics or scan the QR code on the right for more information
Vice President	Tony Torres	tgddtorres@sbcglobal.net	
Treasurer	Anne Mullen	annemullen3@gmail.com	
Secretary	David Ayento	dayento2@gmail.com	
Sergeant at Arms	Mark Yoest	markyoest@gmail.com	

INSURANCE

St. Viator requires that all students who participate in athletics be adequately covered by medical or accident insurance. We acknowledge that it is the signed responsibility to notify St. Viator of any changes that occur to the personal insurance policy below and affect the procedures in which the above-named individual may receive treatment; this includes loss of coverage. We certify that we have purchased and will maintain in full force and effect during student-athlete's participation in athletics the following insurance policy:

Check One: School Accident Insurance Personal Insurance Company

Name of Insurance Company _____ Policy Number _____ Group Number _____

Insurance Phone # _____ Policy Holder _____

RELEASE

In consideration of St. Viator allowing the above-named individual to participate in athletics, we agree to release and hold St. Viator, its athletic coaches, and other employees free, harmless and indemnified from and against any and all claims, suits, or causes of action arising from or out of injury that the student-athlete may suffer from participation in athletics other than an injury from gross or willful negligence. _____ (initial)

ASSUMPTION OF RISK

We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and the instructions of the coach in order to reduce the risk of injury to the student-athlete and other athletes. However, we acknowledge and understand that neither the coach nor St. Viator can eliminate the risk of injury in sports. Injuries may and do occur. *Sports injuries can be severe and in some cases may result in permanent disability or even death.* We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics. _____ (initial)

ACKNOWLEDGEMENTS

- I understand that it is necessary for each family to donate time/service as a volunteer for concession and/or admissions during the course of each program for which their child enrolls. The amount of time/service that will be needed will depend on the number of participants in the program as well as the number of games / length of tournament.
- I understand that only those students participating in the selected program (s) are allowed to be in the gym/facility during practice times. Siblings are not allowed to be in the gym during practices. The Athletic Association is not able to provide supervision and is not liable for any student who is not a participant of the ongoing program.
- If the student-athlete is injured while participating in athletics and the program supervisor is unable to contact the parent, we grant St. Viator permission and the authority to obtain necessary medical care and/or treatment for the student's injury including first aid, CPR, emergency medical attention (EMT, 911, etc.) and we accept the financial responsibility for such medical care or treatment. _____ (initial)

PARENT PLEDGE

Please read and initial each item.

- I pledge to be on time or early when bringing my child to his/her practices and games. I understand that it may be uncomfortable for my child to be late to a game or practice and that he/she is subject to physical risk if not provided with adequate time to warm up. I understand that I am allowed to stay during practices and games, but if I do not, I will be there when he/she is finished. Being punctual shows respect for the coach, who has other time commitments, and it tells my child that he/she is my top priority. _____ (initial)
- I understand that the top three reasons kids play sports are to have fun, make new friends and learn new skills. I understand that the game is for the kids, and that I will encourage my child to have fun and keep sport in its proper perspective. I understand that athletes do their best when they are emotionally healthy, so I will be positive and supportive. _____ (initial)
- I will redefine what it is to be a "Winner" in my conversations with my child. Winners are people who make the maximum effort, continue to learn and improve, and do not let mistakes, or fear of making mistakes, discourage them. I understand that mistakes are an inevitable part of any game and that people learn from their mistakes. I understand that all children are born with different abilities and that the true measure of success is not how my child compares to others, but how he/she is doing in comparison to his/her best self. _____ (initial)
- I will "Honor the Game." I understand the importance of setting a good example of sportsmanship for my child. I will show respect for all involved in the game including coaches, players, opponents, opposing fans, and referees. I understand that officials, coaches, and players make mistakes. If the referee makes a call I do not agree with, I will refrain from questioning, insulting or making personal attacks against him or her. _____ (initial)
- I understand that games can be exciting times for my child as he/she deals with the fast-paced action of the game, responds to opponents, referees, teammates and listen to coaches. I will not yell out instructions. During the game, I will make only sportsmanlike comments that encourage my child and other players on both teams. _____ (initial)
- I will not make negative comments about the game, coaches, referees or teammates in my child's presence. This sets a bad example, which can negatively influence my child's motivation and overall experience. I agree to act in a sportsmanlike manner and make every effort to foster a friendly and non-violent atmosphere. _____ (initial)
- I will not yell at or degrade the volunteer coaches or support staff. I will refrain from discussing issues or disagreements during or directly after a game with the coach. I will follow the Complaint resolution policy outlined below to address my concerns. _____ (initial)

Parent / Guardian Signature:

Date:

Player Name (Printed):

Sport:

COMPLAINT RESOLUTION POLICY

Issues or concerns that arise should be discussed with the player's head coach. If a complaint is brought to a teacher, administrator or another coach, they will report the issue in writing to the head coach for discussion with the concerned party. If the result of this discussion is not satisfactory to all parties, then the issue should be addressed with the President of the Athletic Association and resolved if needed with the SVAA executive board. If no resolutions can be made the Athletic Association President will ask the Pastor/or Principal for assistance. All complaints will be documented.

Student-Athlete: _____ Date: _____
(Signature)

Parent / Guardian: _____ Date: _____
(Print Name)

Parent / Guardian: _____ Date: _____
(Signature)