

**CATHOLIC MUTUAL "CARES" LOSS PREVENTION SYSTEM
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Curriculum Goal: **Developing skills in WRESTLING**
Destination: **To and from school yard and MEETS**
****PARENTS ARE RESPONSIBLE FOR TRANSPORTATION BOTH WAYS TO PRACTICE OR GAMES.**
Designated Supervisor of Activity: **Volunteers will coach.**
Date and Time: **Afternoons & early evenings in January, February & March 2014**
Method of Transportation: **Parents will provide transportation AND/OR WALK**
Student Cost: **\$75.00 fee and \$75.00 deposit on all uniforms. This deposit will be returned when the uniform is returned**

**There is no medical insurance provided for this sport. Check with your own insurance company to see if you are covered under your own medical policy.

I _____ hereby grant my permission for my child, _____, _____
(Parent or guardian's name) (Child's Name) (Teacher, Grade)
to participation in the above named activities including the method of transportation. In consideration of my child's participation, I agree to indemnify St. Vincent de Paul parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against St. Vincent de Paul parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/lawsuit.

I understand that this event will take place away from the school grounds and that my child will be under the supervision of the St. Vincent de Paul School employee and/or volunteers.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Hospital (Preferred) _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

In event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself). No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

SPECIAL MEDICAL INFORMATION:

Allergic reactions (medications, foods, plants, insects, etc): _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____

X _____
Parent/Guardian's Signature **Date**

Home address: _____

Home # _____ Work # _____ Emergency# _____

E-mail: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

_____ Phone: _____
(emergency name & relationship)

STUDENT: By signing this consent form I agree to abide by St. Vincent de Paul's Code of Conduct described in the School Handbook.

X _____
(Student Signature) **(Date)** **(Teacher/Grade)**

PLEASE RETURN THIS FORM AND MONEY TOGETHER BY: **BEFORE THE FIRST PRACTICE**

**St. Vincent de Paul Student Athlete
Code of Conduct and Responsibilities**

PURPOSE: The purpose of the St. Vincent de Paul Student Athlete Code of Conduct is to establish a Code of Conduct and a standard set of rules that all athletes at St. Vincent’s School will abide by to demonstrate good sportsmanship, personal integrity, and Christian values.

APPLICABILITY: This Code of Conduct applies to all student athletes’ participation in school sponsored interscholastic/varsity athletics. Other disciplinary procedures with respect to the St. Vincent’s school Code of Conduct will also be enforced regardless of the location of infraction.

ENFORCEMENT: It is the responsibility of all athletes of St. Vincent de Paul School to abide by, enforce and report violations of this Code. Any violations of this Code should be reported to the Athletic Director by a parent, coach, or staff member. The School Administration, Athletic Director, and Sports Committee will evaluate the violation and determine the appropriate consequences for the infraction. Consequences for the first violation will vary depending on the nature of the violation and the circumstances. Consequences for the second violation will result in automatic ineligibility for school-sponsored athletics for the remainder of the school year.

CODE REQUIREMENTS:

- It is a privilege to represent St. Vincent de Paul School as a student athlete. I understand that I must adhere to all of the rules and regulations that pertain to the Northern Suburban Parochial School League athletic activities a school may sponsor.
- I will respect the rights and beliefs of others and will treat others with respect, courtesy, and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the laws of my church, school, and the laws of my community, state, and country.
- I will show respect to my fellow students, athletes, coaches, and officials and to those who are responsible for enforcing the rules of my church, league, school, and laws of my community, state, and country.
- During the calendar year, regardless of the quantity or location of occurrence, I shall not use, consume, have in possession, buy, sell, or give away any controlled substances, illegal drugs, tobacco, or beverages containing alcohol.
- I will adhere to the academic and behavioral standards as outlined in either the school handbook or the St. Vincent’s Athletic Association handbook in order to remain eligible to participate on a St. Vincent team.
- Any student who intends to participate in St. Vincent interscholastic athletics activities must have on file in the school a record of a physical examination performed within the previous three (3) years.

Informed Consent: By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program and inspect their own equipment daily.

Student: By signing this Code of Conduct, I agree to abide by this Code and to follow any disciplinary action imposed on me as a result of violating these rules.

Students Signature _____ **Grade** _____
Date _____

Parents/legal guardian: We are aware of the Code requirements and will support any disciplinary action imposed as a result of a violation.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

St. Vincent de Paul Parents
Code of Conduct and Responsibilities

PURPOSE: The purpose of the St. Vincent de Paul Parent Code of Conduct is to establish a Code of Conduct and a standard set of rules that all Parent(s) at St. Vincent’s School will abide by to demonstrate good sportsmanship, personal integrity, and Christian values.

APPLICABILITY: This Code of Conduct applies to all parent(s) participation in school sponsored interscholastic/varsity athletics. Other disciplinary procedures with respect to the St. Vincent’s school Code of Conduct will also be enforced regardless of the location of infraction.

ENFORCEMENT: It is the responsibility of all parents of St. Vincent de Paul School to abide by, enforce and report violations of this Code. Any violations of this Code should be reported to the Athletic Director by a parent, coach, or staff member. The School Administration, Athletic Director, and Sports Committee will evaluate the violation and determine the appropriate consequences for the infraction. Consequences for the first violation will vary depending on the nature of the violation and the circumstances. Consequences for the second violation will result in automatic ineligibility for school-sponsored athletics for the remainder of the school year.

No conflict between a parent/guardian, student, official, or coach should be addressed during or immediately following a game. The game sites, practice field, lobby or locker room is not an appropriate place to handle conflict. Coaches are not to meet or deal with conflict at these times or places. Most conflicts are better resolved with an appropriate cooling down period.

If you are upset, please call or arrange a meeting the following workday with the School Administration, Athletic Director, and Sports Committee.

CODE REQUIREMENTS:

- I will assume positive intent at all times.
- I will place the emotional and physical well being of participants ahead of the desire to win.
- I will demand an activities environment and school campus that is free from drugs, tobacco and alcohol and will refrain from their use at all activities.
- I will ensure that the activity is student-centered.
- I will do my best to make sure that activities are fun and positive for the students.
- I will treat all participants including coaches, fans, opponents, event workers, and officials positively and in a respectful manner.
- I will not berate the officials.
- I will support the coach’s instructions or directions.
- I will refrain from using profanity, abusive language, or negative personal remarks.
- I will communicate my concerns through appropriate channels in a dignified manner.
- I will not throw anything onto the playing field or performing space.
- I will be realistic about the participants’ capabilities and emphasize how to improve performance.
- I will be a positive role model.

Informed Consent: Failure to abide by this Code of conduct by engaging in any inappropriate conduct may result in removal by a school official, game official, or police officer from the activity, suspension from future school events, a no trespassing order for campus activities and/or dismissal from the school community.

Parent: By signing this Code of Conduct, I agree to abide by this Code and to follow any disciplinary action imposed on me as a result of violating these rules.

Parent Signature _____ Date _____

Parent Signature _____ Date _____