

**ARCHDIOCESE OF MILWAUKEE**

**Student Athlete - Medical Information & Emergency Consent Form**

Participant's Name \_\_\_\_\_

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 which 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.

**ARCHDIOCESE OF MILWAUKEE**  
**COACHES AGREEMENT**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Social Sec. Number \_\_\_\_\_

Coaching Experience: Sport(s): \_\_\_\_\_ Dates: \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

Are you certified as a coach or referee in any sport? \_\_\_\_\_  
if yes, what? \_\_\_\_\_  
when? \_\_\_\_\_

Have you undertaken a "coaching" seminar or course? \_\_\_\_\_  
if yes, where & when: \_\_\_\_\_  
\_\_\_\_\_

Are you First-aid/CPR/AED certified? \_\_\_\_\_

Do you maintain a valid Wis. Drivers license? \_\_\_\_\_ License #: \_\_\_\_\_

Have you incurred any traffic citations in the last three years? \_\_\_\_\_  
if yes, what & when: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or pled guilty, or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance) or are you now subject to a pending criminal charge?  
\_\_\_ Yes \_\_\_ No If yes, describe in detail on a separate piece of paper.

I \_\_\_\_\_ wish to participate in the sport of \_\_\_\_\_  
\_\_\_\_\_ as a coach or coaches' assistant. I have reviewed the Archdiocesan rules and regulations for the previously mentioned sport and agree to abide by them.

I certify that the information provided by me above is true and complete to the best of my knowledge. I understand that if I am accepted as a coach, any false statements or omissions may lead to termination of my duties, and I agree that the parish/school shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

I authorize the parish/school to verify the information stated above by means of a criminal records check. I agree to follow the policies of the Archdiocese and the parish/school, and I pledge to join with the church in its efforts to provide a safe and secure environment for our children and youth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ARCHDIOCESE OF MILWAUKEE**  
**Athletic Regulation Complaint Form**  
**Policies & Regulations 6145-6145.28**

Complaints regarding non-compliance of athletic regulations must be made in writing within 10 business days of knowledge of the incident. Complaints must be on the standard Archdiocesan form, made to the local school/parish or league level first. All responses to complaints must be finalized and written within 10 business days upon receipt of complaint.

At the local level the school/parish addresses the issue and takes action/imposes sanction as appropriate.

At the league level, the League/Conference addresses complaints referred to it and imparts appropriate sanction. Local school/parish, league members, the Archdiocesan office, and the complainant will be notified upon resolution.

Only when resolution of a complaint cannot be reached at the school/parish level or the league level will the complaint be accepted by the Archdiocese. Archdiocesan officials, upon consultation with the Sanctions Committee of the Youth Athletic Advisory Board, will review the complaint issue and apply appropriate sanctions. School/parish officials, league officials, and the complainant will be notified upon resolution.

Policy/Regulation Number (If Known) \_\_\_\_\_

Complaint/Violation (Please Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person/Team Involved \_\_\_\_\_

Grade \_\_\_\_\_ Sport \_\_\_\_\_ League \_\_\_\_\_

School/Parish \_\_\_\_\_ City/Town \_\_\_\_\_

Address \_\_\_\_\_

Place of Violation \_\_\_\_\_ Time/Date \_\_\_\_\_

Date of Filing \_\_\_\_\_

**ARCHDIOCESE OF MILWAUKEE**  
**Athletic Regulation Complaint Form**  
**Policies & Regulations 6145-6145.28**

Submitted by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_

School/Parish \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Resolution of Complaint

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Copies Sent to:

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## Team Merger Request

This letter is to confirm our request to have an official merger of our teams because we have a shortage of players in order to participate in the \_\_\_\_\_ league. We have completed the checklist locally and have secured the necessary approvals for this merger.

*Sport:* \_\_\_\_\_ *Season/Year:* \_\_\_\_\_

*Grade:* \_\_\_\_\_ *Gender:*      " Boys      " Girls

*Schools/Parishes Involved:*

\_\_\_\_\_

\_\_\_\_\_

<b>Checklist</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<i>The principals of all schools are in agreement.</i>			
<i>The pastors of all parishes are in agreement.</i>			
<i>The athletic directors/coordinators are in agreement.</i>			
<i>The parishes are geographically compatible. *</i>			
<i>All children in affected grade(s) have been contacted and will be allowed to participate.</i>			

\*Any special circumstances? Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Pastor</i>	<i>Parish</i>
<i>Pastor</i>	<i>Parish</i>
<i>Principal</i>	<i>School</i>
<i>Principal</i>	<i>School</i>
<i>League Approval</i>	<i>Date</i>

**This form is to be sent to the appropriate contact person of the athletic league with which the schools/parishes are affiliated. A copy of the form should also be sent to:**

Brenda White, Archdiocese of Milwaukee  
 Office for Schools  
 PO Box 3087  
 Milwaukee, WI 53201-3087

## TEAM ROSTER

League \_\_\_\_\_ Sport \_\_\_\_\_

Parish/School \_\_\_\_\_ Team Name \_\_\_\_\_ Team Colors \_\_\_\_\_

Name: \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Boys <input type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/>
Girls <input type="checkbox"/>	6 <sup>th</sup> <input type="checkbox"/>
	7 <sup>th</sup> <input type="checkbox"/>
	8 <sup>th</sup> <input type="checkbox"/>

1.	Name	Address	City/Zip Code	Birth date	School	Was this player on the team last year?
2.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

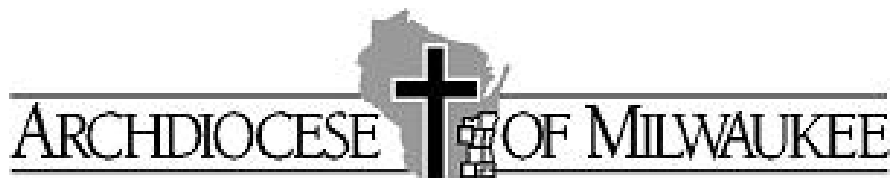
To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_ Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor/Principal Signature \_\_\_\_\_ DRE/CYF \_\_\_\_\_ Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Form approved: 5/4/2004 Form 6145.2(h)





**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)

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Archbishop Timothy M. Dolan





**Student Transfer Waiver Form**

Date \_\_\_\_\_

This letter is to confirm our request for a waiver of Archdiocese of Milwaukee Athletic Regulation 6145.2(30).

\_\_\_\_\_ Parish/School requests a player's waiver in the name of the following student athlete: \_\_\_\_\_, who entered the school/religious education program for the \_\_\_\_\_ school year.

**This section to be completed by the parent:**

The transfer to the new school/religious education program was for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Parent signature

**This section to be completed by parish/school personnel:**

We support this request to allow for an athletic waiver.

\_\_\_\_\_ Pastor

\_\_\_\_\_ Principal

\_\_\_\_\_ Athletic Director

This form is to be sent to:

Brenda White, Archdiocese of Milwaukee, P.O. Box 3087, Milwaukee, WI 53201-3087