

# St. Paul Athletic Club

## CYO Sports Registration - Fall 2010

The St. Paul Athletic Club sponsors the CYO Sports Program. The program is open to all St. Paul Catholic School students and children who attend the St. Paul Religious Education Program. Members of St. Philomena parish may be involved in St. Paul sports if space is available.

### Season Overview and Parent/Guardian Participation

Practices and games are after school and on the weekends. Teams practice two to four times per week with one to two games per week. To support the large sports program, parents will be required to volunteer to help as needed by each sport. Practices will begin **August 9, 2010** and the first games are scheduled for the week of **September 7, 2010**.

### Registration

Completed registration forms and checks for **\$100.00** per athlete (made out to "St. Paul Athletic Club") can be mailed to

St. Paul Athletics, St. Paul School  
170 Grosse Pointe Boulevard  
Grosse Pointe Farms, MI 48236.

OR

Kevin Shubnell, Athletic Director  
23333 N. Colonial Court  
St. Clair Shores, MI 48080

*Forms and checks must be received by **Thursday, May 27, 2010**. If you register after **May 27, 2010**, eligibility will depend on space available and your registration fee will be **\$125.00**.*

**\*\*\*LATE REGISTRANTS WILL BE ACCEPTED ONLY IF SPACE IS AVAILABLE. ADDITIONAL TEAMS WILL NOT BE FORMED TO ACCOMMODATE LATE REGISTRANTS.\*\*\***

Please note that there will be a \$25.00 administration fee for all athletes who leave a team within the first week and no refund will be given after the completion of the first week of practice.

### Playing Dual Sports

If your child registers for two St. Paul CYO sports in the same season, no assurance can be given that games/practices will not conflict. We will do what we can to avoid these conflicts. However, with facility limitations and restrictions, conflicts will arise. Games/meets take precedence over practices. There is a \$100.00 fee for each sport.

**\*\*\*\*Physicals: All participants must have a doctor's physical administered after May 15, 2010. It is now St. Paul Athletic Club policy that a physical form signed by the doctor be on file with the athletic director for each school year. This form is included with this registration form.\*\*\*\***

### Fall 2010 St. Paul Athletic Club Teams

**Cross Country:** Boys and Girls, Grades 4-8

**Volleyball:** Girls Grades 4-8

**Tennis:** Boys, grades 5-8.

**Soccer:** Boys and Girls, Grades 5-8

**Cheerleading:** Girls, Grade 4-8

### Contact

For more information about the St. Paul Athletic Program, please contact our athletic director;

Kevin Shubnell  
(586) 899-2133  
[Kevin.shubnell@gmail.com](mailto:Kevin.shubnell@gmail.com)



**MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.  
MEDICAL HISTORY**

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places by parent or guardian or 18-year-old.

**A current year physical is one given on or after April 15 of the previous school year**

<b>STUDENT'S NAME</b>	<b>LAST</b>	<b>FIRST</b>	<b>SEX</b>	<b>GRADE</b>	<b>DATE OF BIRTH</b> / /	<b>AGE</b>
<b>STUDENT'S ADDRESS</b>	<b>STREET</b>		<b>CITY</b>		<b>ZIP</b>	
<b>FATHER'S/GUARDIAN'S NAME</b>		<b>WORK PHONE</b>	<b>MOTHER'S / GUARDIAN'S NAME</b>		<b>WORK PHONE</b>	
<b>FAMILY DOCTOR</b>		<b>OFFICE PHONE</b>	<b>HOME PHONE</b>			

**INSURANCE STATEMENT & MEDICAL HISTORY**

**Our son / daughter will comply with the specific insurance regulations of the school district**

**Family Insurance Co.**

**Contract #**

**Signature of Parent or Guardian or 18-Year Old**

<b>HISTORY</b>	<b>YES</b>	<b>NO</b>	<b>HISTORY</b>	<b>YES</b>	<b>NO</b>	<b>HISTORY</b>	<b>YES</b>	<b>NO</b>
Have you ever had: Fainting			Have you ever had: Kidney Disease			Do you now have: Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
Poliomyelitis			<b>Do you now have:</b> Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions					
Heart Disease			Blackouts					

**PHYSICAL EXAMINATION**

**To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & returned directly to the patient. (Categories may be added or deleted; check appropriate column.)**

<b>SYSTEM</b>	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>SYSTEM</b>	<b>NORMAL</b>	<b>ABNORMAL</b>
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hemia		
Throat			Genitalia / Testicular Exam		
Teeth - Cavities			Neurologic		
Orthopedic			Muscular		

**RECOMMENDATIONS:**

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.  
**BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASISTICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING**

**SIGNATURE OF EXAMINER : X**

**CIRCLE ONE:**

**MD DO FA NF**

**PRINTED NAME OF EXAMINER**

**MEDICAL TREATMENT CONSENT**

**To be completed by Parent or Guardian or 18-Year old**

I, \_\_\_\_\_, an 18-Year-old or the parent or guardian of

\_\_\_\_\_, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

**SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD**

**DATE**

X



## STUDENT AND PARENT OR GUARDIAN CONSENT FORM

**PLEASE PRINT:**

<b>STUDENT'S COMPLETE LEGAL NAME:</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b>STUDENT'S DATE OF BIRTH:</b>	<b>PLACE OF BIRTH</b>		
<b>CIRCLE GRADE</b>	07 10	08 11	09 12
			<b>SCHOOL:</b>

### STUDENT PARTICIPATION

This application to participate is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

X \_\_\_\_\_  
**SIGNATURE OF STUDENT** **DATE**

### PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

X \_\_\_\_\_  
**SIGNATURE OF PARENT**

This form must be on file in the school office before practicing with any athletic team.

(Please print)

### EMERGENCY INFORMATION – To be completed by Parent or Guardian or 18-Year-Old

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

IN EMERGENCY CONTACT: 1) \_\_\_\_\_ Phone: \_\_\_\_\_

or 2) \_\_\_\_\_ Phone: \_\_\_\_\_

My Family Doctor Is: \_\_\_\_\_

Please detail any special medical information

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(allergies, known drug reactions, current prescribed medications)

**St. Paul Athletic Club  
Registration/Consent Form  
(One athlete per form, please).**

To participate in the Athletic Program at St. Paul, each child must have a current physical examination. All participants must have had a doctor's physical administered after May 15, 2010. This registration form, along with physician signed physical form and payment, must be completed and submitted to complete registration. Please make your check payable to **St. Paul Athletic Club**.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

Special medical restrictions that might affect participation in sports and a description of, if any, respiratory or circulatory conditions \_\_\_\_\_ Medications taken regularly \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Parent(s) Name(s) \_\_\_\_\_

Health Insurance and Policy Number \_\_\_\_\_

Doctor Name \_\_\_\_\_ Office Number \_\_\_\_\_

As the custodial parent or guardian of the child named above, I hereby give permission for my child to participate in the St. Paul/CYO Athletic Program and all related activities. I also give permission for my child to travel to tournaments, games, and practices with the coaches, assistants, and volunteers.

I recognize that competitive sports and engaging in the activities related to athletic competition (practices, travel to and from games, etc.) expose my child to the possibility of physical injury. I hereby release and agree to hold St. Paul Athletic Club, St. Paul Parish, and the CYO harmless, as well as their employees, organizers, subsidiaries, coaches, referees, and any volunteers assisting in the athletic program, from any and all liability and claims arising out of my child's participation in the athletic program and related activities. In the event my child should require medical treatment, I give permission for such medical treatment to be secured at my cost.

I hereby agree to the policies of the St. Paul Athletic Program and also acknowledge that my child has been found fit to participate in this particular sport by a physician in a recent physical exam.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Yes, I am interested in coaching or helping with the following sport(s): \_\_\_\_\_

I will volunteer to help with: \_\_\_\_\_

**Administrative Use Only**

Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

Coach: \_\_\_\_\_