

**St. Mary Catholic School  
10601 Dexter – Pinckney Rd.  
Pinckney, MI 48169  
734-878-5616**

**STUDENT PARTICIPATION AND PARENT APPROVAL FORM**

\_\_\_\_\_  
Please Print (Last Name) (First Name) (Middle Initial)

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

This application to participate in athletics at the above school is voluntary on my part and is made with the understanding that I have never received money or merchandise in any amount or any emblematic award worth more than five dollars (\$5.00) for participating in athletic events, and that I have never competed under an assumed name.

SIGNATURE OF STUDENT \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMISSION**

I hereby give my consent for the above student to engage in physical education, intramural, and interscholastic athletics at the above school in M.H.S.A.A. approved sports and to accompany the team as a member on its out-of-town trips. I also agree to reimburse the Athletic Department for equipment issued to my son/daughter should it become lost, damaged, or not turned in.

We also carry accident or health insurance with \_\_\_\_\_  
(Name of insurance company, If none, please indicate)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

**WAIVER OF LIABILITY AND AUTHORIZATION  
FOR EMERGENCY MEDICAL CARE**

I/we hereby authorize the school principal, coach or sponsor in attendance at any St. Mary's contest or event to select, secure, and consent to necessary medical attention for my child resulting from injury, illness or accident requiring medical care while I/we are not in attendance. I/we hereby release St. Mary's School or Parish and such person from any and all liability on account of such selection or authorization and for any and all damages which may occur on account thereof.

DATE \_\_\_\_\_  
\_\_\_\_\_  
(Father or Guardian)

\_\_\_\_\_  
(Mother or Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home Phone) (Work Phone)

# Letter of Commitment

Dear Parent,

The purpose of this letter is to inform you that your daughter or son has signed up for the current sports season and to establish a level of commitment from both you and your child. Because we do not want to cut any players and realize that many kids also participate in many different after school activities, we want to ensure that your child is dedicated and committed to this team and that he or she makes a fair effort to their coaches and teammates.

Please read below and sign this form to indicate that you and your child understand our expectations and will commit to the St Mary Athletics Program.

1. You agree to place the academics of your child ahead of sports and will support the school and coaches in enforcing the eligibility rules.
2. You agree that your child will make every effort to participate in every practice and attend every game.
3. You agree to support the Athletic Program by working shifts in the concession stand and at the scorer's table as needed. The specific requirements will be worked out by the Concessions Manager.
4. You agree to conduct yourself with dignity and respect towards all coaches, school staff and other parents. You further agree to promote good sportsmanship in your child at all practices and games.
5. You agree to approach the Athletic Director first with questions or concerns regarding the coaching staff.
6. You agree that playing time in games is determined by the coach and that playing time decisions will not be second guessed or criticized.
7. You agree to refrain from coaching from the sidelines. You agree that this applies not only to parents but any and all spectators who come to watch your child play. You agree that doing so will result in your child not playing in the next scheduled game(s).
8. You agree there is a 24 hour period after any game in which you will not approach the coach and/or AD to discuss any game related issues. This also applies to negative comments made on social media such as Facebook, InstaGram, and/or Twitter, etc. Failure to comply will result in your child being suspended from the team.
9. You agree that failing to comply with any of the above will compromise your child's participation in this sports season.
10. You agree to refund St. Mary Athletics a total of \$65 for a lost or damaged jersey.

We will make every effort to make this system as fair as possible and that your family has an enjoyable experience.

Any questions? Call James Hogan 517-404-8245 or email: [jhogan011@att.net](mailto:jhogan011@att.net)

I agree to all of the points outlined in the Letter of Commitment for the upcoming sports season.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Phone

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 9/1/12

**Mission Statement: We partner with parents providing a Catholic school rooted in the gospel teachings of Jesus Christ, modeled by Mary our mother, encouraging a virtuous life following the Catholic faith and pursuing academic excellence.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S NAME

\_\_\_\_\_  
PHYSICIAN'S NAME

**CIRCLE THE APPROPRIATE NUMBERS IF YOU HAVE ANY OF THE FOLLOWING:**

- |                                |                                                                                                     |                                                      |
|--------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1. Drug Allergies<br>_____     | 11. High Blood Pressure<br>12. Eye Surgery<br>13. Chronic Cough<br>14. Asthma<br>15. Collapsed Lung | 24. Testicle Operation<br>25. Broken Bones:<br>_____ |
| 2. Eye Injury/Disease<br>_____ | 16. Lung Disease<br>17. Hepatitis<br>18. Infectious Mono.                                           | 26. Back Problem<br>27. Severe Headaches             |
| 3. Ear Surgery                 | 19. Peptic Ulcer                                                                                    | 28. Head Injuries                                    |
| 4. Mastoid Surgery             | 20. Appendectomy                                                                                    | 29. Neck Injuries                                    |
| 5. Frequent Sore Throat        | 21. Hernia                                                                                          | 30. Other Bone or<br>Joint Problems                  |
| 6. Fainting or Dizzy Spells    | 22. Hernia Repair                                                                                   | 31. Other: _____                                     |
| 7. Convulsions                 | 23. Kidney Trouble                                                                                  | _____                                                |
| 8. Rheumatic Fever             |                                                                                                     |                                                      |
| 9. Heart Disease               |                                                                                                     |                                                      |
| 10. Diabetes                   |                                                                                                     |                                                      |

**PHYSICIAN TO COMPLETE THIS PORTION**

Physicians comments on circled items in history section above: \_\_\_\_\_

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

B.P. \_\_\_\_\_ PULSE \_\_\_\_\_ URINALYSIS: Blood \_\_\_\_\_ Protein \_\_\_\_\_ Sugar \_\_\_\_\_

Circle number if abnormal and explain below:

- |          |            |              |                  |                       |
|----------|------------|--------------|------------------|-----------------------|
| 1. HEENT | 4. Lung    | 7. Hernia    | 10. Pilonidal    | 13. Upper Extremities |
| 2. Teeth | 5. Heart   | 8. Genitalia | 11. Lymph Glands | 14. Lower Extremities |
| 3. Chest | 6. Abdomen | 9. Skin      | 12. Back & Neck  |                       |

Physicians comments on circled items: \_\_\_\_\_

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

THE ABOVE STUDENT IS PHYSICALLY ABLE TO PARTICIPATE IN THE CHECKED SPORTS:

- |                  |                   |                |              |                |
|------------------|-------------------|----------------|--------------|----------------|
| ___ ALL          | ___ Cross Country | ___ Gymnastics | ___ Soccer   | ___ Track      |
| ___ Baseball     | ___ Equestrian    | ___ Hockey     | ___ Softball | ___ Volleyball |
| ___ Basketball   | ___ Football      | ___ Pom        | ___ Swimming | ___ Wrestling  |
| ___ Cheerleading | ___ Golf          | ___ Skiing     | ___ Tennis   |                |

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

(Physician's Signature)