

Letter of Commitment

SELECT SPORT: ___ Cross Country ___ Volleyball ___ Basketball Boys ___ Basketball Girls

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 to pay \$85.00 through FACTS to play and off-set the cost of refs.
3. You agree that your child will make every effort to participate in every practice and attend every game.
4. 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.
5. 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.
6. You agree to approach the Athletic Director first with questions or concerns regarding the coaching staff.
7. You agree that playing time in games is determined by the coach and that playing time decisions will not be second guessed or criticized.
8. 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).
9. 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.
10. You agree that failing to comply with any of the above will compromise your child's participation in this sports season.
11. You agree to refund St. Mary Athletics a total of **\$100.00 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

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

Child's Name Athlete's Signature Grade

Parent's Name Phone

Parent Signature: _____ Date: _____

Revised: 05.30.23

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.

**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)

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

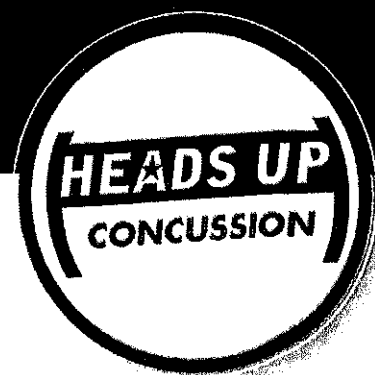
THE ABOVE STUDENT IS PHYSICALLY ABLE TO PARTICIPATE IN THE CHECKED SPORTS:

- | | | | | |
|------------------|-------------------|----------------|--------------|----------------|
| ___ 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)

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



Michigan Department of Health & Human Services

RECEIVED BY MAIL 10/15/10 10:00 AM

▶ "IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION → www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).