



IT'S TIME TO REGISTER FOR SPRING SPORTS!!!!!!!!!!!!!!

CYO Track * Lacrosse * Intramural Volleyball Camp * Intramural Basketball Camp

This spring, Lakewood Catholic Academy will offer LCA students and PSR students from St. Luke, St. Clement, and Transfiguration parishes a variety of sports options, including CYO track, boy's lacrosse, and intramural programs for younger students in basketball, volleyball, and, tentatively, track.

Our deadline for Spring Sports registration is Wednesday, February 29th. Any registrations received after that date are not guaranteed spots and will be allocated to teams on an "as-needed" basis. Late registrations are also subject to a late registration fee of \$10. On-time registration allows us to recruit the proper number of coaches and ensures balanced rosters on our teams. Your cooperation is appreciated!

CYO SPORTS:

- **CYO track** is open to students in grades three through eight who are enrolled at LCA or a PSR program. Practice starts March 12 (tentatively), and the first meet will be the last weekend in March (tentatively). LCA will supply a uniform and all equipment, while students will supply running shoes. Practices will generally be at Lakewood High track. Meets rotate among several sites on the west side. Practices are held Monday through Thursday evenings and meets are held on weekends. CYO track is a well-established program that involves 25 teams from across the region and culminates with the CYO City Championship meet in late May. Meets for grades 3 and 4 take place on Saturday mornings. Meets for grades 5 through 8 take place on Sunday afternoons.
- **Boys' Lacrosse** is offered as a "club sport" for boys. We'll field one team this year for **students in grades 6 through 8.** **NOTE: Registration for lacrosse is limited. Act soon to ensure a spot!** PSR students are also welcome.

INTRAMURALS:

- **Intramural Basketball Camp** includes separate sessions for **boys and girls in grades Kindergarten through three.** PSR students are welcome. The camp will offer beginner drills, an explanation of basketball terms and concepts, and games each night. Several coaches will be on hand to teach and assist, and all campers will receive a t-shirt. Dates are March 19th through March 22nd for boys and March 26th through March 29th for girls. Sessions will be held at the St. Luke Gym from 5:30 to 7 p.m.
- **An Intramural volleyball camp** will be offered for **boys and girls in grades 3 through 7.** PSR students are welcome. Dates will be Tuesday, March 20 and Thursday, March 22. Grades 3, 4 and 5 will work from 5:30 until 6:30 and grades 6 and 7 will work from 6:30 until 8 p.m. The camp will focus on learning the fundamentals and rules of the game.
- **Intramural track** is being discussed among several schools but a decision has not yet been reached. If there is a program, it would be open to **students in grades one and two** who are enrolled at LCA or a PSR program. The anticipated registration cost would be \$25, practices would be held once or twice during the week starting in early April, and there would be three to four Saturday meets among the participating schools. If your child would be interested in participating, please send an email to Alec Pacella at ajpacella@yahoo.com. You will be notified by mid-March if there is going to be a program, as well as all of the associated details.

For CYO Track and Lacrosse Club, a physical form signed by a child's physician must be on file prior to the first practice. A physical form is good for one year, so if you have already completed a form for a fall or winter sport you will not need a new one. **A physical form is attached.** Physical forms are not required for intramural sports.

Coaches Needed!

We also are looking for coaches and assistants for all Spring sports. Anyone interested in this rewarding experience, whether new or returning, should contact the LCA Athletics Program by email at athletics@lakewoodcatholicacademy.com as soon as possible. CYO does require that all new coaches attend an orientation session, which includes VIRTUS training, background checks and fingerprinting. The LCA Athletic Boosters Club will pay for this program for new coaches.

Fee Schedule

Lacrosse: \$95 * CYO Track: \$65 * Intramural Volleyball: \$10 * Intramural Basketball: \$35

REGISTRATION FORMS ATTACHED. Questions? Email athletics@lakewoodcatholicacademy.com.

THANK YOU, and GO SAINTS!

Lakewood Catholic Academy
Spring 2012 Sports Registration Form
REGISTRATION DEADLINE: FEBRUARY 29, 2012

Please print information clearly & complete one form for each child.

Athlete's Name: _____ Age: _____

Parent Name(s): _____

Address _____

Home Phone: _____ Emergency Phone: _____

Email Address: _____

Date of Birth: ____ / ____ / ____ Current Grade Level: ____ Parish: _____

PSR Student? ____ Yes ____ No If yes, current school: _____

I am registering for:

Lacrosse Track Intramural Volleyball Intramural Basketball

Note: If you are interested in intramural track, send an email to ajpacella@yahoo.com.)

CYO PHYSICAL FORM MUST BE ON FILE BEFORE FIRST PRACTICE.

(Not required for intramural track, basketball or volleyball.)

I have attached the form. I have a current form on file.

IMPORTANT NOTES:

- Players are not considered registered until the fee has been paid.
- All athletes will be issued uniforms and equipment for their respective sports. Uniforms and equipment must be returned to coaches within five days of the final game. **Athletes with outstanding uniforms will not be permitted to receive a uniform for another sport until a missing uniform is turned in or the non-returned fee of \$100 is paid.**
- All athletes will be expected to participate in all team practices, unless excused by a parent note/phone call to the coach. It is also understood that school work, homework and PSR take priority over athletics. Students and parents are expected to conduct themselves in an appropriate manner during all practices, games and related activities. **Each family is expected to volunteer at least once during a season.**

Payment Method: Cash Check **(Make checks payable to Lakewood Catholic Academy)**

Amount: Track **(\$65)** Lacrosse **(\$95)**
 Intramural Volleyball **(\$10)** Intramural Basketball **(\$35)**

UNIFORM SIZE: Youth Small Youth Medium Youth Large Adult Small
 Adult Medium Adult Large Adult Extra Large Adult XXL Large

Parent Signature _____ Date: _____

Parent Address (if different from above)

FORMS ARE DUE BY WEDNESDAY, FEBRUARY 29th.
Questions? Email athletics@lakewoodcatholicacademy.com.



**Athletic Agreement
(MUST BE RETURNED WITH REGISTRATION FORM)**

Athletes, parents and coaches agree that:

- 1) Academics take priority over athletics – God comes before all
- 2) Attendance at and participation in all practices, games and events is expected
- 3) Respect is to be shown for all people and property involved in the athletic program at LCA as well as all participating schools, teams and venues
- 4) All involved parties will read and abide by the rules and philosophy of CYO as well as the Eligibility Requirements and Competitive Philosophy of LCA

Athletes agree that:

- 1) A positive, team-first attitude is necessary at all levels of play and on all athletic fields
- 2) Friendly competition is important – teammates and opponents alike deserve respect and support
- 3) Coaches, not parents, are the leaders of the team

Coaches agree that:

- 1) Student-athletes look to them as role-models, and as such their behavior must reflect the Catholic values of LCA and CYO
- 2) Instruction of the game and development as an athlete/player is of equal importance among all student-athletes
- 3) Communication with parents regarding team schedule, coaching philosophy and player expectations is a responsibility of the coach

Parents agree that:

- 1) Payment of all fees and completion of all registration and health forms by the established deadline is necessary for a child to be a part of a team
- 2) Transportation to and from all practices and games as well as arrival and departure at established times is the parent's responsibility
- 3) All uniforms borrowed from the school require proper care and are to be returned at the end of the season. If a uniform is not returned, there will be a fee of \$50 assessed.
- 4) Decisions regarding playing time beyond the minimum amount required by CYO are at the discretion of the coach
- 5) A coach may reduce a student-athlete's playing time as a result of poor conduct, as well as for unexcused or excessive absences
- 6) The decision to involve a student in multiple extra-curricular activities at one time is at the parents' discretion – participation in multiple extra-curricular activities does not constitute an excused absence and may result in a reduction of playing time
- 7) Inappropriate behavior or disrespect shown toward any individual involved with or present at a CYO event may result in the parent's removal from future CYO functions

All involved parties understand that:

In the event of any sports related dispute or disagreement, an effort should first be made to bring the concern to the attention of and resolve the issue with the team coach. If the issue persists, the matter should be taken to the athletic director. The athletic director, in consultation with the dean of students, if necessary, will investigate the matter and determine the resolution.

Athlete: _____

Date: _____

Parent(s): _____

Date: _____

Parent(s): _____

Date: _____

YOUTH & YOUNG ADULT MINISTRY AND CYO OFFICE – CYO ATHLETIC PREPARTICIPATION FORM

(PLEASE TYPE OR PRINT)
STUDENT'S NAME _____ **BIRTH DATE** _____ **SEX** _____ **GRADE** _____
LAST FIRST
ADDRESS _____ **SCHOOL** _____
STREET CITY ZIP
PARISH _____ **PARISH CITY** _____
PARENT/GUARDIAN(S) NAME _____ **EMAIL** _____
MOBILE/WORK TELEPHONE NO. _____ **HOME TELEPHONE NO.** _____

- Carefully complete the following questions before your physical exam. Explain "YES" answers below.** YES NO
1. Has this athlete ever had hospitalization, surgery, injury, serious medical or psychological illness?.....
 2. Is this athlete now under the care of a physician or taking any medication?.....
 3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports by this student?.....
 4. Does this athlete have any known allergies? (medication, pollen, food, stinging insects).....
 5. Does this athlete wear glasses or contact lenses? Give date of last eye exam if "YES".....
 6. Has this athlete ever blacked out, been knocked out, lost consciousness or been dizzy during or after physical activity?
 7. Has this athlete ever had racing of the heart, skipped heart beat or heart murmur?
 8. Has this athlete ever had a head injury or concussion?.....
 9. Has this athlete ever had a seizure?.....
 10. Does this athlete use special protective/corrective equipment that isn't usually used? (For example knee brace, ankle brace, foot orthotics, hearing aid, etc.)
 11. Does this athlete lose weight regularly to meet weight requirements for the sport?.....
- Explain any YES answers: _____

I/we, the undersigned consent to the participation of the above-named child in CYO athletics including practice sessions, scrimmages and athletic contests. In consideration of participation in these programs, and wishing to promote and benefit this non-profit cause, I/we, the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless the Catholic Charities Health & Human Services, Inc.(CCHHS), the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, sponsoring Catholic Parishes/Schools and any of their agents, representatives, employees, successors or assigns for my health, safety or any injury and/or disability arising out of or resulting from: (CHECK all programs that apply)

- CROSS COUNTRY** **FOOTBALL** **VOLLEYBALL** **SOCCER** **CHEERLEADING**
 BASKETBALL **WRESTLING** **BASEBALL** **SOFTBALL** **TRACK & FIELD**

As a participant/parent in the program, I/we recognize and acknowledge that there are certain risks or physical injury and I/we agree to assume the full risk of any injuries, including loss of life, damages or loss which I/we may sustain as a result of participating in any and all activities connected with or associated with such program. The undersigned acknowledge that the participant has prepared for the sport in which participating by adequately conditioning and practicing. I/we hereby represent that I have no physical restrictions that would prohibit my participation in the sport that I have selected. The Youth & Young Adult Ministry and CYO Office has my permission to have a physician attend me if deemed necessary during my participation in this CYO program.

I/We also give permission and authorize CCHS, its agents, employees, successors and assigns to photograph or otherwise electronically or digitally record my image, or that of my child for which I am guardian participating in these athletic programs for the publication in printed or electronic form to be seen and disseminated to the general public in any media including CCHHS newsletter, poster, display, film, video or website.

I/we further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the CCHHS, Youth & Young Adult Ministry and CYO Office and its officers, agents, servants and employees from any and all claims resulting from injuries, including loss of life, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.

Participants Signature _____ **Date** _____
Parent or Guardian Signature _____ **Date** _____
Parent or Guardian Signature _____ **Date** _____
This athlete has family medical insurance: YES NO If yes, the Child is covered by:
INSURANCE COMPANY: _____ **POLICY NO.** _____ **EFFECTIVE DATE:** _____

HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO PHYSICAL EXAM

STUDENT'S HEIGHT _____ **WEIGHT** _____ **BP** _____ **PULSE** _____

OPTIONAL TESTS	
URINALYSIS	_____
ALBUMIN	_____
SUGAR	_____
MICRO (IF ABOVE TEST ABNORMAL)	_____
BLOOD COUNT (FOR FEMALES)	
HGB.	_____
OR	_____
HCT.	_____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Muscular skeletal			

*Station-based examination only.
SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES **NO**
RECOMMENDATIONS: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NOTE EXCEPTIONS IN RECOMMENDATIONS AREA)

PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)
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PHYSICIAN'S SIGNATURE _____
PHYSICIAN'S TELEPHONE NO. _____ **DATE** _____

EMERGENCY MEDICAL AUTHORIZATION

NAME:

Last

First

BIRTHDATE:

Student Name

Address

Telephone

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**PART I OR II MUST BE COMPLETED
PART I TO GRANT CONSENT**

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent or guardian) at _____ (phone number) have been unsuccessful, I hereby give my consent or: (1) the administration of any treatment deemed necessary by Dr. _____ (physician & phone number) or Dr. _____ (dentist & phone number), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date

Signature of Parent or Guardian

Address

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I
PART II REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date

Signature of Parent or Guardian

Address