

1) The deadline for this form to be received at my house is Friday March 14, 2008.

2) Drop off the form or mail to:

Tony Galang
29400 Lincoln Road
Bay Village, OH 44140

3) Include a check to: St. Raphael Athletic Commission for \$47 per athlete.

4) St. Joseph athletes must also complete the CYO Eligibility Request Form and have it signed by their Pastor and their Pastoral Designee.

5) All athletes must submit a Preparticipation Examination Form (physical exam form). If this was submitted for another sport in the 2007-8 school year, another one does not need to be submitted. No athlete can participate until this form has been received.

6) General information: We will practice Monday-Thursday from 5:45-7:00 at Bay Village HS, beginning Monday March 17. I will issue a formal meet schedule later, but tentatively we have regular meets Sundays April 6, 13, 20, 27 and May 11. Meet time will depend on your child's grade. Typically grades 4-5 are grouped together in one meet, and grades 6-8 in another meet. The times have changed throughout the years (and which group competes first), but plan on approx. 12:00 – 3:30 pm. One group will compete approximately for the first half, with the other group approximately the second half. Every child will compete in these Sunday meets. There are three "special meets" with limited participation (one child per grade, per gender, per event). One is the St. Charles Invitational, for girls only (Saturday May 3rd at Lakewood HS). The second is the Wasmer Invitational, for boys only (Sunday May 4th at St. Ignatius HS). The third is the CYO Westside Championship (Thursday May 15th (at Padua) and Sunday May 18th (at Westlake HS)). Also, there is a Citywide CYO meet for 8th graders only (Thursday May 22 location east side TBD). For every practice, your child should come dressed for the weather and bring a water bottle. This means they should be dressed warm enough to build up some body heat during warm-ups (a five minute jog and some stretching), and be able to shed layers as necessary during the more strenuous parts of practice. A comfortable pair of running shoes is imperative. Spikes for sprinters are optional, and I wouldn't recommend this for anyone below 8th grade. No other equipment is necessary. Parents should carefully read the section on the registration form regarding attendance and participation. Children can compete in the 100, 200, 400, 800, and 1600 meters, and the running long jump, standing long jump, shot put, high jump (grades 6-8 only), and discus (8th grade only). During the first few weeks of practice we will try to determine your child's strengths and focus them in an appropriate running and field event.

2008 ST. RAPHAEL TRACK & FIELD REGISTRATION FORM

ATHLETE NAME: _____

ADDRESS: _____ CITY/ZIP: _____

TELEPHONE: _____ BIRTH DATE: ____ / ____ / ____

GRADE: 4 5 6 7 8 GENDER: Boy Girl

HOME PARISH: _____ SCHOOL: _____

ATTENDING PSR? Yes No TEACHER'S NAME: _____

PARENTS' NAMES: _____

PARENTS' EMAIL ADDRESS _____

Did you play a fall or winter sport? Yes No If yes, which sport? _____

I, the undersigned, parent of _____ do hereby consent to permit my child to engage in the sport of Track & Field for the 2008 season. Further, I, as parent and natural guardian of my minor child, and on his/her behalf, agree that neither the manager, the coach, the parish, the pastor or the Bishop of Cleveland shall be in any way legally responsible for the cost of any treatment or hospitalization or any medical expenses arising out of any injury received by my child while engaged in practice sessions or scheduled games. I further agree to save hold harmless, and indemnify any manager, coach, parish, pastor or Bishop of Cleveland from any and all claims for damages sustained by my child arising out of his/her participation in this sport. I further agree that my child will have an annual physical examination from a physician before the child participates in any athletic activity. Per CYO League Rules, I understand that my child must attend a parochial school or be currently attending a PSR class. No refunds after March 14, 2008.

PARENT SIGNATURE: _____ DATE: _____

REGISTRATION FEE OF \$47 WAS PAID ON _____ Cash _____ Check No. _____

PARENT AND ATHLETE AGREEMENT

1) Uniforms: Wash in cold water and hang to dry. If a uniform is lost, damaged, or not returned within two weeks of the end of the season, I will reimburse the St. Raphael Athletic Commission for replacement at a cost of \$100. I understand my responsibilities in accepting the uniform, and will return it within two weeks of the end of the season in excellent condition.

2) Attendance and Participation: Regular attendance is critical to improving your performance in Track and Field. Missing practice makes it harder for the coaching staff as athletes who are attending practice regularly are improving their conditioning and learning new techniques in field events and relays, while athletes missing practice are stagnating or falling behind. In several meets, we can only enter one athlete per gender per grade. First priority for these slots will be to athletes who are attending 75% or more of scheduled practices. Athletes attending less than 75% of scheduled practices will have limited opportunities in these specific meets, and will have limited opportunities in field events and relays in all meets.

ATHLETE SIGNATURE _____ DATE: _____

PARENT SIGNATURE _____ DATE: _____

Student Name / Birth Date

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 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 for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (Preferred Dentist, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

The 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