

SOCCER INFORMATION!

This packet must be completed by Tuesday, August 14th

Grades 5th-8th (boys and girls).

Registration requirements:

- \$40** fee payed online- will be given further instruction on how to make payment in a few days! This covers the shirt fee and helps us pay for refs for our games as well!
- Physical form**- available here at Saint Catherine's for a fee of \$20 on August 14th during their PE classes. A physical is also attached to the back of this page!
- Universal Athletic Release form**- attached.
- Registration form**- attached.

These are all also on our Website under soccer for you to print out and turn into me as well if needed!

Our first practice is Wednesday, August 15th- 3:15-5:00pm on the field next to school.

Soccer Practice: Mondays and Wednesdays from 3:15-4:45

Soccer Games: Tuesdays and Thursdays Warm up begins at 3:50 and the games begin at 4:15

All games will be "away" because we will be using the Beaumont fields as our home fields. I will give you more details when the season begins!

If you have any questions please do not hesitate to ask.
Email: agussman@stcats.org OR over Class Dojo.

PREPARTICIPATION PHYSICAL EVALUATION---MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name	Relationship	Cell	WK
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Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5 or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches.

1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
2. Have you been hospitalized overnight in the past year? Yes No
Have you had surgery? Yes No
3. Have you ever passed out during or after exercise? Yes No
Have you ever had chest pain during or after exercise? Yes No
Do you get tired more quickly than your friends do during exercise? Yes No
Have you ever had racing of your heart or skipped heartbeats? Yes No
Have you had high blood pressure or high cholesterol? Yes No
Have you ever been told you have a heart murmur? Yes No
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? Yes No
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, and long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome or abnormal heart rhythm? Yes No
Have you had a severe viral infection (for example, Myocarditis or mononucleosis) within the last month? Yes No
Has a physician ever denied or restricted your participation in sports for any heart problems? Yes No
Have you ever had a head injury or concussion? Yes No
Have you ever been knocked out, become unconscious, or lost your memory? Yes No
If yes, how many _____ When was the last _____
times? _____ concussion? _____
How severe was each one? (Explain below) _____
Have you ever had a seizure? Yes No
Do you have frequent or severe headaches? Yes No
Have you ever had numbness or tingling in your arms, hands, legs, or feet? Yes No
Have you ever had a stinger, burner, or pinched nerve? Yes No
Are you missing any paired organs? Yes No
Are you under a doctor's care? Yes No
Are you currently taking any prescription or non-prescription over-the-counter medication or pills or using an inhaler? Yes No
Do you have any allergies (for example, to pollen, medicine, food or stinging insects)? Yes No
Have you ever been dizzy during or after exercise? Yes No
0. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Yes No
1. Have you ever become ill from exercising in the heat? Yes No
2. Have you had any problems with your eyes or vision? Yes No

13. Have you ever gotten unexpectedly short of breath with exercise? Yes No
Do you have asthma? Yes No
Do you have seasonal allergies that require medical treatment? Yes No
14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? Yes No
15. Have you ever had a sprain, strain, or swelling after injury? Yes No
Have you broken or fractured any bones or dislocated any joints? Yes No
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Yes No
If yes, check appropriate box and explain below.

<input type="checkbox"/> HEAD	<input type="checkbox"/> ELBOW	<input type="checkbox"/> HIP
<input type="checkbox"/> NECK	<input type="checkbox"/> FOREARM	<input type="checkbox"/> THIGH
<input type="checkbox"/> BACK	<input type="checkbox"/> WRIST	<input type="checkbox"/> KNEE
<input type="checkbox"/> CHEST	<input type="checkbox"/> HAND	<input type="checkbox"/> SHIN/CALF
<input type="checkbox"/> SHOULDER	<input type="checkbox"/> FINGER	<input type="checkbox"/> ANKLE
<input type="checkbox"/> UPPER ARM	<input type="checkbox"/>	<input type="checkbox"/> FOOT
16. Do you want to weigh more or less than you do now? Yes No
Do you lose weight regularly to meet weight requirements for your sports? Yes No
17. Do you feel stressed out? Yes No
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? Yes No
Females Only
19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined for and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

** EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet as needed)

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs. In the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. Between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For school use only: This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PHYSICAL EVALUATION-PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____)
 Brachial blood pressure while sitting

Vision R 20/ _____ L 20/ _____ Corrected: ___Y ___N Pupils: ___Equal ___Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. * *Local district policy may require an annual physical exam.*

MEDICAL	NORMAL	ABNORMAL FINDINGS	* INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigma (arachnodactyly, pectus excavatum, joint Hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Name (print/type) _____ Date of Examination _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice before, during, or after school both in season and out of season or games/matches.

UNIVERSAL ATHLETIC RELEASE

Athlete's Name _____ Date of Birth _____

My/Our child wishes to participate in the sport of Soccer

in the St. Cats School sports program during the 2018-2019 season.

I/We realize that there are risks involved in this participation. I/We recognize the possibility that my/our child may die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/We realize that neither the protective equipment or padding used in this sport, the safety rules and procedures of the sport, the coaching instruction received nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries that they might sustain.

I/We agree to accept these risks as a condition of my/our son and/or daughter's participation in this program.

Parent Date

Parent Date

NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED.

**TO BE FILLED IN ONLY IF YOUR SON OR DAUGHTER HAS ANY TYPE OF MEDICAL
CONDITION**

I/We realize that my/our son and daughter's _____
(medical condition)

Creates an additional risk and I/We discussed these risks with the athletic director, coach(es) and
he sports medicine providers in a meeting on _____ (date). They explained to me/us
that because of this condition the special risks for my/our daughter and/or son are listed below. (list all
concerns at the bottom of this page)

I/We understand these concerns and agree to follow all directions and recommendations of
my/our physician and sports medicine providers in this program. I/We also agree to accept these
additional risks as a part of my/our son or daughter's participation in the program.

Concerns: _____

Parent Signature Date

Parent Signature Date

**NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE
PROVIDED.**



St. Catherine of Siena Catholic School
 3840 Woodrow, Port Arthur, TX 77642 (409) 962-3011
 K. Renee Tolin • Principal www.stcats.org

Dear Parents/Guardians,

Soccer begins in August, which will be under the direction of Coach Ana Gussman. Soccer is open to girls and boys in grades 5th-8th grade. Our first practice is scheduled for Wednesday, August 15, 2018 from 3:15pm-5:00pm. Please note the fee required to participate in soccer is \$40.00 per player. This fee includes a shirt and referee fees. Your child must have a physical to participate in all DBSL Sports. The physical must be completed before practicing.

Please sign below giving permission for your child to participate in our soccer program. **This signed form along with the signed Universal Athletic Release form, \$40 fee (to be paid online) and a completed physical form are due by Wednesday, August 15, 2018 in order for your child to participate.**

_____ has my permission to participate in soccer for the 2018-2019 school year. By signing this form I release the Diocese, teachers, coaches, principal, school, and parent drivers from any and all liability and waive any claims.

Parent/Guardian signature _____ Date: _____

Athlete signature _____ Grade: _____

Shirts come in adult sizes only. ****Please mark the size needed by including the requested jersey number on the line next to the size.**** Requested numbers are distributed based on seniority.

S _____ M _____ L _____ XL _____ XXL _____

Students must maintain a 75 (C-) weekly average in all subjects to be eligible to participate in extracurricular activities and cheerleading.

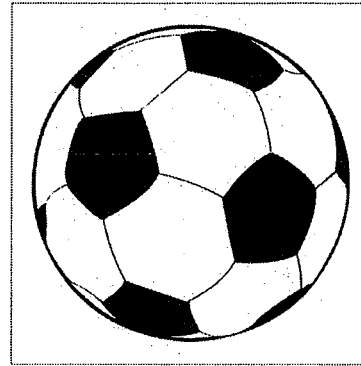
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THANK YOU FOR SUPPORTING OUR ATHLETIC PROGRAM

Uniforms: Personal gear provided by player
(Items required by first practice)

Practice Uniforms:

- Soccer cleats (not football or baseball)
- T-shirt (not soccer uniform shirt, can be PE uniform shirt)
- School appropriate shorts
- Soccer socks
- Shin guards
- Hair tie (for long hair)
- Water (A LOT)
- Soccer ball (Size 5)



Game uniform:

- Soccer cleats (not football or baseball)
- Jersey- I will provide
- BLACK soccer shorts
- WHITE Soccer socks
- Shin guards
- Hair tie (for long hair)
- Water (A LOT)
- Soccer ball (Size 5)



Stores: Academy, Walmart

Soccer Game Schedule:

AWAY **Tuesday, August 28, 2018, 4:15 PM**

SCS Soccer @ St. Anthony

Player to arrive at 3:50pm in uniform for warm up

NAY **Thursday, August 30, 2018, 4:15 PM**

SCS Soccer @ All Saints

Player to arrive at 3:50pm in uniform for warm up.

Home **Tuesday, September 4, 2018, 4:15 PM**

SCS Soccer @ Harmony

Player to arrive at 3:50pm in uniform for warm up.

Away **Thursday, September 6, 2018, 4:15 PM**

SCS Soccer @ St. Mary

Player to arrive at 3:50pm in uniform for warm up.

NAY **Tuesday, September 11, 2018, 4:15 PM**

SCS Soccer @ Ehrhart

Player to arrive at 3:50pm in uniform for warm up.

Home **Thursday, September 13, 2018, 4:15 PM**

SCS Soccer @ St. Anne

Player to arrive at 3:50pm in uniform for warm up.

Way **Tuesday, September 18, 2018, 4:15 PM**

SCS Soccer @ Community Christian

Player to arrive at 3:50pm in uniform for warm up.

Way **Thursday, September 20, 2018, 4:15 PM**

SCS Soccer @ Harmony

Player to arrive at 3:50pm in uniform for warm up.

Home **Tuesday, September 25, 2018, 4:15 PM**

SCS Soccer @ St. Mary

Player to arrive at 3:50pm in uniform for warm up.

Home **Thursday, September 27, 2018, 4:15 PM**

SCS Soccer @ Ehrhart

Player to arrive at 3:50pm in uniform for warm up.

Home **Tuesday, October 2, 2018, 4:15 PM**

SCS Soccer @ All Saints

Player to arrive at 3:50pm in uniform for warm up.

Home **Thursday, October 4, 2018, 4:15 PM**

SCS Soccer @ Community Christian

Player to arrive at 3:50pm in uniform for warm up.

Away * **Wednesday, October 10, 2018, 4:15 PM**

SCS Soccer @ St. Anne

Player to arrive at 3:50pm in uniform for warm up.

Home **Thursday, October 11, 2018, 4:15 PM**

SCS Soccer @ St. Anthony

Player to arrive at 3:50pm in uniform for warm up.