

CODE OF CONDUCT

FAMILY NAME: _____

DATE: _____

PLAYER:

I hereby state that I as a player will use every effort to be a positive member of my team and exhibit good sportsmanship at all times.

I will keep in mind that this is an extra-curricular activity and will keep my grades at an appropriate level so that I may participate.

I will attempt to attend every practice and event scheduled and if I can not make it I will inform my coaches as to why I am unable to attend.

I will practice and play to the best of my ability.

I recognize I am playing a team sport. as such the interests of the team shall take precedence over individual exploits.

I will not criticize another team mates play, a coaches decision, a referee call or an opponent.

I will conduct myself in a respectable manner at practices and at games.

I will not attempt to ever deliberately injure another player.

PLAYER SIGNATURE: _____

Office of Catholic Schools-Diocese of Madison
ALTERNATE YEAR ATHLETIC PERMIT CARD

Name _____ Grade _____ Age _____ Sex _____
Date of Birth _____ Place (County and State) _____

I hereby give my permission for the above named student to compete and represent his/her school in sports. I further agree to be financially responsible for the safe return of all athletic equipment issued to him-her).

I also attest to the fact that the above named student has not been hospitalized or suffered any serious illness or injury since the time of his/her last physical examination. If the above has suffered any of the above or has been hospitalized for any reason since the date of his/her examination - PLEASE DO NOT SIGN THIS CARD. THIS STUDENT MUST BE RE-EXAMINED - another examination card should be obtained from the school.

PARENT: If you are unsure of the seriousness of illness or injury, consult with your family doctor.

Signature of Parent or Guardian

Date

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE AND/OR PARTICIPATION.

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Office of Catholic Schools-Diocese of Madison
ATHLETIC PERMIT CARD

Name _____ Height _____ Weight _____
Present Address _____ Telephone _____
Parents Place of Employment _____
Family Physician _____ Family Dentist _____
Name of Private Insurance Carrier _____
Policy Number(s) _____ Address _____

I hereby give my permission for the above named student to practice and compete and represent the school in interscholastic sports excepting those restricted on this card and as parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe return of all athletic equipment issued to (him or her). I further grant permission for my son or daughter, named above, to be given immediate emergency care in case of injury as the result of athletic competition by the team physician or any other physician present.

Signature of Parent or Guardian

Date

Although a dental examination is not required as a prerequisite to athletic participation, it is recommended that your son or daughter visit a dentist regularly and that a good program of oral hygiene be maintained.

BOTH SIDES

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