



# St. Philip the Apostle School

## Home of the Spartans

Mr. Tim Coulter – Athletic Director  
Mr. Dave Guglielmi – Assistant Athletic Director  
(630)543-9591 spartans@stphiliptheapostleparish.com

### 2011-2012 Sports Registration

At this time we will be holding registration for those wishing to participate in the Athletic Program at St. Philip for the 2011-2012 school year. St. Philip's offers both volleyball and basketball programs to boys and girls in grades 5 – 8.

#### Timeline

Volleyball practices will begin during the first or second week of school with games starting the first weekend of September. Games normally end the first weekend of November. Basketball practices begin mid- November with games starting the first weekend of December. The basketball season generally ends the second weekend of March.

Practices are held twice per week, for an hour each, at the convenience of our volunteer coaches. Practice times will also be dependent on the availability of our gym. Games will be played occasionally on weekday evenings, but mostly on Friday nights and Saturday mornings/afternoons.

#### Coaches needed

If you are interested in coaching your child's team, we have included a coach application form to be returned to school. We'll need to be sure we have coaches for each team, so please consider this rewarding opportunity to bond with your child and his or her teammates. Please submit coaching applications by June 1.

#### Uniforms

7<sup>th</sup> and 8<sup>th</sup> graders will be once again using the same uniforms *as long as we have a sufficient supply* for all those who register. All incoming 5<sup>th</sup> and 6<sup>th</sup> graders will be provided with a uniform to borrow as part of their enrollment in the program. To be certain that we have a uniform reserved for your child's use, it is imperative that all registrations are completed and turned in by the due date. During the last week of school a table will be set up with sample try-on sizes of uniforms for incoming 5<sup>th</sup> graders - available all week at arrival and dismissal time. Please indicate the jersey / shorts sizes on the group order sheet on the table.

#### Sports/Physical Exam

All students that will be participating in athletics must have a current (not any earlier than March 30, 2011) physical exam form on file at school. This is a Diocese of Joliet policy. Your child will not be allowed to participate in any activity associated with the athletic program if this is not on file. Please be sure that this is on file prior to the first practice of the season, because a lack of practice participation can limit playing time once games begin. The physical exam form that all incoming 6<sup>th</sup> graders file will fulfill their current physical requirement. Please make sure that your doctor has indicated on the form that your child is eligible to participate in athletics.

#### Fees

Registration Fees are also due at this time. *Your child will not be rostered on a team until the registration fee has been paid.* Participation will be subject to school academic and behavioral eligibility requirements. Please consider your child's needs and scheduling constraints before registering for our program. We are unable to adjust practices and league scheduling for reasons other than school or parish related events.

There is one registration form for both **volleyball and basketball**; it is due **no later than Wednesday, June 1.**

Fees will also be due as indicated:

Volleyball = **\$65** Due no later than **Wednesday, June 1**

Basketball = **\$80** Due no later than **Thursday, September 1**

Please issue **separate checks**, payable to *St. Philip Athletics* for each sport.

Copies of the attached forms are also available at the school office and at <http://spartans.stphiliptheapostleparish.com>

If you have any questions please contact us through the athletic office, school office, or by emailing [spartans@stphiliptheapostleparish.com](mailto:spartans@stphiliptheapostleparish.com)

Thank you, Mr. Coulter & Mr. Guglielmi

# ST. PHILIP THE APOSTLE SCHOOL - ATHLETIC REGISTRATION FORM 2011-2012

Volleyball	(Circle One) Basketball	Volleyball & Basketball
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STUDENT NAME \_\_\_\_\_ GRADE (2011 - 2012) \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

## MEDICAL INFORMATION

Does your child have any allergies, physical limitations, take medications regularly, or have any specific health concerns? (CIRCLE ONE)

**YES                      NO**

If YES, please indicate special health concerns and/or medications taken.

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## INSURANCE INFORMATION

POLICYHOLDER \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

AUTHORIZED PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

## IN CASE OF EMERGENCY OR ACCIDENT, COACHES MAY CONTACT:

MOTHER'S LAST NAME, FIRST NAME \_\_\_\_\_ ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER'S LAST NAME, FIRST NAME \_\_\_\_\_ ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OTHER CONTACT IF I CANNOT BE REACHED \_\_\_\_\_ PHONE \_\_\_\_\_

I give my son/daughter permission to participate in the volleyball and/or basketball program at St. Philip the Apostle School. I will not hold St. Philip the Apostle School or Parish responsible should an accident occur to my child while participating in the program. I am aware of the physical requirements of the sport and there is no known reason why my child would be incapable of fully participating in this sport. I also certify that my child has proper medical insurance.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# SPORTS PHYSICAL - Mandatory Pre Participation Physical

STUDENT'S NAME \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_



**Consent Form to self administer asthma medication**  
(not needed if current form is already on file with school)

**Parent Consent**

I, \_\_\_\_\_, do hereby give my son/daughter, \_\_\_\_\_, permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

\_\_\_\_\_  
Parent Signature Date

**Physician Consent**

As a patient under my care, \_\_\_\_\_, is prescribed to self-administer the following asthma medication.

Medication \_\_\_\_\_

Purpose \_\_\_\_\_

Dosage \_\_\_\_\_

Time/Special Circumstances \_\_\_\_\_

\_\_\_\_\_  
Physician Signature Date

**Physical Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Pulse: resting \_\_\_\_\_ 15 hops \_\_\_\_\_ after 2 minutes \_\_\_\_\_  
Visual Acuity: Eyes (R) 20/ \_\_\_\_\_ w/o glasses \_\_\_\_\_ (L) 20/ \_\_\_\_\_ w/ glasses \_\_\_\_\_

Other Testing	Normal	Abnormal Findings
1. General	_____	_____
2. Skin	_____	_____
3. HEENT	_____	_____
4. Teeth (Dental Exam)	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart (Sit and Stand)	_____	_____
8. Abdomen	_____	_____
9. Genitalia	_____	_____
10. Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder/Arm	_____	_____
Elbow/Forearm	_____	_____
Wrist/Hand	_____	_____
Back	_____	_____
Hip/Thigh	_____	_____
Knee	_____	_____
Shin/Calf	_____	_____
Ankle/Leg	_____	_____
Foot	_____	_____
11. Peripheral Pulses	_____	_____
12. Neurologic	_____	_____
13. Mental Status	_____	_____
14. Marfan Screen	_____	_____

**Other Tests (optional)**

Auditory \_\_\_\_\_ U/V \_\_\_\_\_ EKG \_\_\_\_\_  
% Body Fat \_\_\_\_\_ Drug Screen \_\_\_\_\_ Chest X-Ray \_\_\_\_\_  
Hgb/Hct \_\_\_\_\_ SMAC \_\_\_\_\_ Tanner Stage \_\_\_\_\_

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_

**Additional Comments:**

Examination Date \_\_\_\_\_ Physicians Signature \_\_\_\_\_