

TO: 5th Grade Students
FROM: Coach Brandenburg
Athletic Director
RE: Introduction to Track and Field

St. Michael's will be offering an introduction to track and field for the 5th grade students. Practices will start the week of April 12th. Practices are held on Wednesday and Thursday from 3:30 p.m. – 5:00 p.m.

There will be practice meets at Jesuit High School on Sunday, April 18th and April 25 commencing at 1:00 p.m.

The JV (5th & 6th Grades) Championship meet is scheduled for Saturday, May 8th beginning at 10:00 a.m.

The cost of the program is \$45.00. (Please pay by check.)

Please return the registration and emergency forms to me prior to the first day of practice. **You must also have on file in the Athletic Office a medical release form from your doctor.**

The St. Michael's athletic program is committed to providing each athlete with an enjoyable learning experience. We understand that the primary reason young athletes participate in sports is to have fun while competing with each other. We believe every athlete matters and should be given the opportunity to learn and improve his/her knowledge and skills, and we will provide that opportunity. We believe that while competing to win is important, the greater value lies in competing with honor, practicing good sportsmanship and being gracious in victory and defeat. Our goal is to build a better young person through the athletic experience



I give my permission for my child to participate in track and field as an extracurricular activity.

Child's Name: _____ Telephone: _____

Parent's Signature: _____

ATHLETICS

Parochial Athletic League

SPORT: _____ GRADE: _____

STUDENT _____ HOME PHONE _____

Father _____

Mother _____

Father Business Phone _____ Mother Business Phone _____

Father Cell Phone _____ Mother Cell Phone _____

Father E-Mail _____ Mother E-Mail _____

In case of emergency (when parents cannot be reached), please contact;

_____	_____	_____	_____	_____	_____
Name	Relationship	Phone	Name	Relationship	Phone

Physician _____	Hospital _____
Name	Phone

Dentist _____
Name
Phone

AUTHORIZATION FOR CONSENT OF TREATMENT OF MINOR

In the event of serious emergency, and none of the persons listed on the reverse can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital. I hereby agree to bear all costs incurred as a result of the foregoing:

MY CHILD IS ALLERGIC TO:

_____	_____
_____	_____
Signature of Parent	Date

I do not choose to sign the above statement. In the event of an accident or emergency, please _____

Signature of Parent

MEDICAL INSURANCE COVERING THE STUDENT: _____

Name of Company Policy No.

Are there any health conditions of your child that we should be aware of? _____

REMINDER: This medical release form was sent to you with your report card in June.

ST. MICHAEL'S EPISCOPAL DAY SCHOOL REGISTRATION AND EMERGENCY

Middle School (Grades 5-8) After School Sports Addendum

2009-2010 Year

In order for your child to participate in After School sports, our Athletic League requires each participant to have a physical at the beginning of each school year. Please have this completed by your child's physician and return it to the school office no later than August 15.

_____ is medically well enough to participate in	
Student's Name	
After School sports activities and PAL sports activities.	

Physician's Name	
_____	Date: _____
Physician Signature	