OLMC SPORTS PACKET

Student Name: ___________________________ Room: _______

Turn Paperwork back into the school office when the following items are all completed with payment of $40.00. **LATE FEE $20.00**

Individual paperwork will not be accepted. The paperwork will be returned to you. Students will not be allowed to participate until all paperwork is completed.

______ Catholic Youth Athletic Association (C.Y.A.A.)
Sports Permission Form (One per sport season)

______ Athletic Medical Authorization
Sports Physical

______ C.Y.A.A. Emergency Form

______ Transportation of Minor Person To/From School Campus
(Must be Notarized)

______ C.Y.A.A. Sports Driver Information Form
(Optional)- Only if you will be driving other students to and from practices and games.

______ Sports Fee per Sport $40.00 cash or check payable to OLMC

Parent Contact: (Please print clearly)

E-Mail____________________________________ Phone_____________________

**Turn Paperwork back into the school office when the above items are completed**

Office Use Only:

FOOTBALL $______________ BASKETBALL $______________ BASEBALL $______________

VOLLEYBALL $______________ SOFTBALL $______________ BASKETBALL $______________
Catholic Youth Athletic Association (C.Y.A.A.)
Sports Permission Form

I, the parent/guardian of _______________________________ in ________________

Name of Child Class

Request that the school allow my child to participate in the C.Y.A. A. after school sports program at Our Lady of Mount Carmel Catholic School. I understand that this will include travel to other schools in private vehicles.

Also, due to league fees and the cost of officials, each participant will have to pay $40.00 per sport. This fee must be paid before the first game. This is non-refundable to those who drop out of the program, those who are suspended, and those who are academically ineligible due to grades or conduct. There is a separate $35 jersey fee collected after coach and team is formed.

*Parents please review this section with your student:
I/we have read the philosophy, rules, and regulations contained in the OLMC Handbook regarding the C.Y.A.A. and OLMC’s policies regarding the athletic program. I/we agree to abide by these and all policies approved by the school, and the Diocese of Phoenix, for students attending Our Lady of Mount Carmel Catholic School.

______________________________  ______________________________
Student Signature Date

______________________________  ______________________________
Parent Signature Date

______________________________  ______________________________
Phone Number e-Mail

Sport Participating In: ________________________________

In case of an emergency, please contact:

______________________________  ______________________________
Name Phone
OUR LADY OF MOUNT CARMEL SCHOOL
AND
CATHOLIC YOUTH ATHLETIC ASSOCIATION

ATHLETIC MEDICAL AUTHORIZATION

Please Print: (Last Name) ___________ (First Name) ___________ (Middle Initial) ___________
Grade ___________ Birthdate ___________

Eyes R____ L____ Glasses _______ Hearing R____ L____ Height _______ Weight _______

Ear, Nose, Throat _______ Lungs _______

Urinalysis _______ Diabetes _______ Pulse _______

Blood Pressure and Heart ___________________ Heart Murmur ___________________

Deformities or present illness _______ Prosthesis _______

Hernia evidence _______ Concussion _______ Epilepsy _______ Other _______

Would athletic competition be injurious? ____________________________

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able
to participate in all supervised athletics and physical education activities, except as noted:

Date ___________ Signature of Examining Physician ___________

Health History

_____ allergy to bee sting
_____ anemia
_____ arthritis
_____ asthma
_____ concussion
_____ diabetes
_____ eczema
_____ emotional problems
_____ epilepsy
_____ fainting

_____ heart murmur
_____ hepatitis
_____ hernia
_____ hives
_____ kidney trouble
_____ migraine headaches
_____ pneumonia
_____ rheumatic fever
_____ other

operations: ____________________________ (Include year)

fractures: ____________________________ (Include year)

To which drugs is the student allergic? ____________________________

If student is now under medical treatment list reason and attending doctor: ____________________________
C.Y.A.A. EMERGENCY FORM
OUR LADY OF MOUNT CARMEL SCHOOL

Student Name ____________________________ Class __________________
Parent Contact: ____________________________
Address __________________________________
Primary Contact Number _______________________
Secondary Contact Number _______________________
If unavailable, contact: ________________________

DOCTOR TO BE CONTACTED IN CASE OF AN ACCIDENT:
Name ____________________________ Phone __________________
Address __________________________________
Hospital Preference ____________________________
Primary Insured’s Name ____________________________
Insurance Company Policy # ____________________________
Group # (or other applicable info) ____________________________

In case of an accident, may we choose a physician?

☐ YES  ☐ NO

__________ Signature ____________ Date ____________
C.Y.A.A. SPORTS DRIVER INFORMATION FORM
OUR LADY OF MOUNT CARMEL SCHOOL

Driver
Name: ____________________________________________

Address: __________________________________________________________________________

Driver's License #: __________________________ Date of Expiration: ______________________

SS#: __________________________ Date of Birth: __________________________

Phone Number: _______________________________________________________________________

Vehicle That Will Be Used
Name of Owner: _____________________________________________________________________

Address of Owner: ___________________________________________________________________

License Plate #: __________________________ Registration Expiration Date: ________________

Model of Vehicle: __________________________ Make of Vehicle: __________________________

Year of Vehicle: __________________________

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information
Insurance Company: __________________________________________________________________

Policy #: __________________________________________________________________________

Date of Policy Expiration: __________________________________________________________________

Liability Limits of Policy: __________________________________________________________________

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. Policy note: The minimal acceptable liability limit for privately-owned vehicles is $100,000/$300,000.

Certification
I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature: ____________________________________________ Date: ________________

OLMCCHOOLCYAA SPORTS DRIVER INFO FORM
Roman Catholic Diocese of Phoenix
TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to
Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations
where no other responsible adults are present..." are to be avoided. The directive of this provision requires that
another adult should accompany Diocesan personnel who transport minors to and from field trips and outings.

Because of the limited number of participants in the __________________ (name of program) of
Our Lady of Mt. Carmel __________________ (name of school) and the time of day in which program events will
occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from
the programs.

The Diocese permits exceptions to this policy only upon a showing by the school that:
1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and
2) a parent or guardian of any student participating in such program has consented in writing to allow such
student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the
parent/guardian of the minor person must consent in writing.

I, ____________________________, of ________________________________
(name of parent/guardian) (name of minor student)
have selected one of three alternatives below by checking the applicable box to indicate selection:

☐ (1) CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.
I, ____________________________, parent/guardian of ________________________________, (name of student) a
participant in the ______________________ (name of program) of Our Lady of Mt. Carmel
(name of school) hereby consent to allow the student named above to travel to and from program events in a
vehicle occupied by a single adult person at any time during the 2019 - 2020 school year. I further
acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if
I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school. I
further consent subject to the following additional conditions (if any): ________________________________

☐ (2) NON-EXCEPTION
I, ____________________________, parent/guardian of ________________________________, choose to
have my child always travel in a 2 adult vehicle.

☐ (3) ASSUMPTION OF TRANSPORTATION RESPONSIBILITY
I, ____________________________, parent/guardian of ________________________________, will solely provide
transportation for my child to all activities away from the school campus.

________________________________
(signature of parent/guardian)

________________________________
(print name of parent/guardian)

State of Arizona
County of ______________________________

Subscribed and sworn to before me this ____________ day of ____________________, 20______

________________________________
Notary Public

My commission expires: ______________________________

Policy 3-1 Catholic Schools
Appendix G.6
11/2011