



CORPUS CHRISTI

CATHOLIC ACADEMY

2023-24 ATHLETIC PROGRAM

OUR GOAL

To elevate the culture of youth sport and enhance the life of each participant through **GROW**.

Develop specific **G**oals and a mastery orientation to achieve them.

Foster **R**elationships between and among all individuals and parties involved in our program.

Nurture a sense of **O**wnership by giving opportunities for decision-making.

Promote **W**inning the "right way."

STUDENT NAME: _____

PARENT CHECKLIST	Rec'd Main Office (initial/date)	Rec'd AD (initial/date)
<input type="checkbox"/> Athletic Permission Form		
<input type="checkbox"/> Fees Paid \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card		
<input type="checkbox"/> Pre-Physical Form		
<input type="checkbox"/> Physical Exam Form		
<input type="checkbox"/> Student Athlete Contract		
<input type="checkbox"/> Parent Code of Conduct		
<input type="checkbox"/> Heads Up Concussion Info Sheet		

PARENT/GUARDIAN RECEIPT

This slip acknowledges that CCCA has received the following items for (student name) _____:

Sport(s): _____

☐ Fees paid: \$ _____ ☐ Cash ☐ Check #: _____ ☐ Credit Card

☐ Signed Permission Form ☐ Signed Student Contract ☐ Signed Pre-Physical Form
☐ Signed Parent Code of Conduct ☐ Signed Physical Examination Form ☐ Signed Heads Up Concussion Info





CORPUS CHRISTI

CATHOLIC ACADEMY

ATHLETIC PERMISSION FORM

STUDENT NAME: _____

GRADE: _____

SPORT(S)

☐ Basketball (CSAL) ☐ Soccer (YMCA) ☐ Track ☐ Volleyball (CSAL) ☐ Wrestling (CSAL)

Select all that apply. Please note that athletic fees will not be collected until the season for the sport is confirmed.

The following information must be completed and signed by the appropriate parent or guardian. You must turn into the main office before participation in student athletic activities will be allowed. If the following information is not complete, this form will be returned to you for completion.

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Work Phone: _____

Email: _____

All contact information will be shared with the coach.

It is recommended that all students participating in student athletic activities at Corpus Christi Catholic School have their own medical coverage. Informed Consent and Waiver of Liability must be signed below. I understand that for my child to participate, he/she must have a current physical (within the past year) on file at the Corpus Christi Catholic Academy main office.

Sign here: Parent/Guardian Signature: _____

Date: _____

ATHLETIC FEES

All fees are due prior to the first practice of each sports season. AD will send out details 2-3 weeks before the season begins.

☐ \$85.00 per child for Soccer (payable to YMCA)

☐ \$70.00 per child for CSAL Sports (with the exception of Track) (payable to CCCA)

TRACK: ☐ \$5.00 per child 1st-4th Grade ☐ \$10.00 per child 5th-8th Grade

INFORMED CONSENT AND WAIVER OF LIABILITY

My child is in good health and capable of participating in the Athletics Program at Corpus Christi Catholic Academy (CCCA). I understand the potential risks of injury and agree to assume responsibility for any medical expenses associated with any injury incidental to the program. I do further release, absolve, indemnify and hold harmless CCCA and/or any or the employees, volunteers, agents, insurers, and any other person associated with any or all of them, from and against any claims, demands, liability, costs of suits, damages, loss and/or judgments arising out of participation. In the event I cannot be reached in an emergency, I authorize CCCA/volunteer staff to seek emergency assistance at my expense.

Sign here: Parent/Guardian Signature: _____

Date: _____





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ATHLETIC PRE-PHYSICAL FORM

Please print legibly. Fill out and give to your health care provider.

Name of Athlete: _____

Date of Birth: _____

Grade: _____

Gender: ☐ Male ☐ Female

Semester: ☐ Fall ☐ Spring

1. Have you ever been hospitalized overnight? ☐ Yes ☐ No

2. Have you ever had surgery? If yes, list below: ☐ Yes ☐ No

3. Do you have any allergies (i.e. medication, bee stings, foods, etc.)? ☐ Yes ☐ No

4. Have you ever passed out during exercise from something other than heat? ☐ Yes ☐ No
Have you ever been dizzy during exercise from something other than heat? ☐ Yes ☐ No
Do you cough, wheeze, or have shortness of breath during exercise? ☐ Yes ☐ No

5. Have you ever had high blood pressure? ☐ Yes ☐ No
Have you ever been told you have a heart murmur? ☐ Yes ☐ No
Has anyone in your family died suddenly or had heart problems before 40? ☐ Yes ☐ No
Does anyone in your family have Marfan's syndrome? ☐ Yes ☐ No

6. Have you ever had a concussion or other head injury? If yes, list below: ☐ Yes ☐ No

7. Have you ever had a seizure? ☐ Yes ☐ No
Have you ever had a burner/stinger (pain from neck to arm)? ☐ Yes ☐ No

8. Have you ever had heat cramps? ☐ Yes ☐ No
Have you ever been dizzy or passed out in the heat? ☐ Yes ☐ No

9. Do you wear special pads or braces when you exercise? ☐ Yes ☐ No

10. Do you drink milk products or eat dairy foods? ☐ Yes ☐ No
Do you consume more than 12 ounces of soda per day? ☐ Yes ☐ No

11. Have you had a tetanus shot (or booster) within the last 5 years? ☐ Yes ☐ No

12. Have you ever injured (broken/fractured, sprained, dislocated) any of the following areas? *Check all that apply.*

☐ Ankle ☐ Back ☐ Elbow ☐ Foot/Toes ☐ Forearm ☐ Wrist/Finger/Hand
☐ Hip ☐ Knee ☐ Shin/Calf ☐ Shoulder ☐ Thigh ☐ Upper Arm

13. Have you ever had or do you currently have any of the following medical issues? *Check all that apply.*

☐ Asthma ☐ Diabetes ☐ Hepatitis ☐ Hernia(s) ☐ Measles
☐ Mononucleosis ☐ Tuberculosis ☐ Stress fracture ☐ Ulcers ☐ Sickle cell trait/disease

The above information is current and correct to the best of my knowledge.

Sign here:

Parent/Guardian Signature: _____

Date: _____





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ATHLETIC PHYSICAL EXAMINATION FORM

Please print legibly. Fill out and give to your health care provider.

Name of Athlete:

Height:	Weight:	% Body Fat:	
BP:	Pulse:		
VISION Left Eye:	Right Eye:	Both eyes:	Corrected/uncorrected:

✓ = within normal limits

✕ = see comments

ND = not done/omitted

Skin:

Head:

Eyes:

Ear, Nose, Throat:

Neck:

Respiratory:

Cardiovascular:

Heart murmurs?

Pulses

Abdomen:

Comments/Recommendations:

Medical Clearance (as appropriate for age and development):

☐ Full contact/collision level

☐ Limited contact/impact

☐ Non-contact: strenuous

☐ Non-contact: nonstrenuous

☐ Clearance deferred

☐ No participation at this time

Notes:

Sign here:

Provider Signature:

Date:

Title (MD/DO/FN/PA):

Phone:



STUDENT ATHLETE CONTRACT

Please check each statement below to acknowledge your agreement to this contract. Then, sign the form at the bottom and return to the Athletic Director to be eligible for participation.

As a Corpus Christi Student Athlete,

- ☐ I will keep a C or better grade average in all my classes. My teachers must sign off that I am eligible to play.
- ☐ I will strive to give my best to the team in every practice and every game.
- ☐ I will be on time for all the practices and games.
- ☐ I will communicate with my coach if I need to miss a practice or game.
- ☐ This experience is an opportunity to learn not only the sport in which I am participating, but also teamwork with all its inherent responsibilities. There will be times when I will follow someone's lead and there will be times when I must assume the lead. I will always have a contribution to make to my team.
- ☐ I will take my coaches' directions and comments as constructive suggestions, which make me a better athlete and my team a successful unit.
- ☐ Practice is where I learn the concepts of the game. How I apply those concepts in mind and body in practice will carry over into the game situation.
- ☐ I will always play hard, but always will be a fair sport whether we are winning or losing the game, realizing that everyone on my team and my opponent's team is playing for fun and the competitive experience.
- ☐ I will carry these principles to my schoolwork and my family life with the realization that these are of greatest importance and take precedence to any sport.
- ☐ I will be an example of Christ in all my actions on and off the field/court of competition.
- ☐ I have read the athletic handbook and agree to follow the policies and procedures.
- ☐ I have reviewed the concussion information sheet and will report it to my parent(s) and coach if I sustain any type of head injury.

Sign here: Athlete Signature: _____ Date: _____

Sign here: Parent/Guardian Signature: _____ Date: _____





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PARENT CODE OF CONDUCT

Please check each statement below to acknowledge your agreement to this contract. Then, sign the form at the bottom and return to the Athletic Director to be eligible for participation.

- ☐ I will be positive and support my child in his/her individual sport journey.
- ☐ I will not force my child to play sports.
- ☐ I will remember that sports are games meant to be played by and for children.
- ☐ I will accept that my child plays sports for his/her enjoyment, not mine.
- ☐ I will be realistic in my expectations for my child in sports.
- ☐ I will encourage my child in the GROW model of developing as an athlete:
 - I will help him/her set goals.*
 - I will help him/her foster positive relationships on his or her team.*
 - I will ensure that he/she has an opportunity to make his/her own decisions in athletics.*
 - I will guide him/her in winning and losing gracefully.*
- ☐ I will help my child grow in the Catholic cardinal virtues through sports.
- ☐ I will live by the cardinal virtues in my own behavior and attitude at sporting events.
- ☐ I will help my child feel like a champion by offering fair praise and constructive criticism in due reward.
- ☐ I will be aware of the signs of abuse and report any inappropriate behavior.
- ☐ I will support a nurturing sideline environment.
- ☐ I will applaud good play, by both my child's team and the opponents.
- ☐ I will respect the game officials and their decisions, understanding their task is challenging.
- ☐ I will respect and show courtesy to my child's coaches at all times.
- ☐ I will commit to ensuring my child's coach follows the standards of Christian coaching and acts as a youth minister for my child in his/her sporting experience.

Sign here:

Athlete Signature:

Date:

Sign here:

Parent/Guardian Signature:

Date:

