Girls VB	
Boys BB	
Girls BB	
Boys VB	
Office us	e above

# WEST PORTAL LUTHERAN SCHOOL 2019-20 Boys and Girls AFTER SCHOOL SPORTS APPLICATION

Child's Name			
Child's Birthday	_(Month/Day/Yea	r)	
Son/Daughter Current Grade: 4 5 6 7 8 (circle one)			
Home Address			
Street address	City 2	Zip	
Primary Phone # Primary Email:			
Parent's Names/	(Print plea	ase)	
Please check the following sports that your child will play:  (a) Girl's Volleyball 4 <sup>th</sup> -8 <sup>th</sup> Grade: September - November  My daughter played on the: A B C team last year (circle one) Did not play (b)  (b) Boy's Basketball 4 <sup>th</sup> -8 <sup>th</sup> Grade: December - February  My son played on the: A B C team last year (circle one) Did not play (b)  (c) Girl's Basketball 4 <sup>th</sup> -8 <sup>th</sup> Grade: March - May  My daughter played on the: A B C team last year (circle one) Did not play (circle one)  (c) Boys' Volleyball 4 <sup>th</sup> -8 <sup>th</sup> Grade: March - May  (c) Boys' Volleyball 4 <sup>th</sup> -8 <sup>th</sup> Grade: March - May  (c) Boys' Volleyball 4 <sup>th</sup> -8 <sup>th</sup> Grade: March - May			
Total sports my child is signed up for: @ \$225 each sport of application is not complete if payment is not made!  Total fees paid Make check out to West Portal Luth  Please check the following to acknowledge that you have refered to the CYO Parent Code of Conduct.  ( ) The CYO Parent Code of Conduct.  ( ) The Uniform Care and Maintenance letter  ( ) The CYO Concussion information form  Please return Emergency Information Sheet and Concussion  Please check below to indicate your availability to coach. Remember, we do not have a team.  ( ) Yes, I would like to earn all my PPP hours by coaching a team.  Please check the sport(s) you would like to coach: ( ) Girls' Volleyball ( ) Boys' Basketba	eran School ead and understa	child coach,	
Parents Signature			

# CYO ATHLETICS PARENT CODE OF CONDUCT

(NATIONAL YOUTH SPORTS SAFETY FOUNDATION)

THE ESSENTIAL ELEMENTS OF CHARACTER-BUILDING AND ETHICS IN SPORT ARE EMBODIED IN THE CONCEPT OF SPORTSMANSHIP AND SIX CORE PRINCIPLES:

TRUSTWORTHINESS
RESPECT
RESPONSIBILITY
FAIRNESS
CARING
GOOD SPORTSMANSHIP

### I THEREFORE AGREE:

- 1. I will not force my child to participate in sports
- 2. I will remember that children participate to have fun and that the game is for youth, not adults.
- 3. I will inform the coach of any physical disabilities or ailment that may affect the safety of my child or the safety of others.
- 4. I will learn the rules of the game and the policies of the league.
- 5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- 6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- 7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- 8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- 9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- 10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- 11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- 12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
- 13. I will emphasize skill development and practices and how they benefit my child over winning.
- 14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
- 15. I will respect the officials and their authority before, during and after games and will never question, discuss, or confront officials and/or coaches at the game field or gym. If I have a concern, I will take time to speak with my child's coach at an agreed upon time and place. I will contact my child's athletic director regarding my concerns.
- 16. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from their use at all sports events.
- 17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I ALSO AGREE THAT IF I FAIL TO ABIDE BY THE AFOREMENTIONED RULES AND GUIDELINES, I WILL BE SUBJECT TO DISCIPLINARY ACTION THAT COULD INCLUDE, BUT IS NOT LIMITED TO THE FOLLOWING:

- 1. Verbal warning by official, head coach, gym director, board member and/or CYO Director of Athletics.
- 2. Written warning.
- 3. Parental game(s) suspension with written documentation of the incident kept on file in the CYO Office.
- 4. Game forfeiture through the official, sport chairperson and/or Director of Athletics
- 5. Parental season suspension.

I UNDERSTAND IF	TAM REMOVED FROM A GAME FOR UNSPORTSMANLIKE CONDUCT I WILL B	E
<b>AUTOMATICALLY</b>	SUSPENDED FOR THE REMAINDER OF THE SEASON, PLAYOFFS AND	
CHAMPIONSHIPS.	REFUSAL TO LEAVE WILL RESULT IN FORFEITURE OF THE GAME.	

Child's Name	Parent Signature
Date	•

# West Portal Lutheran School After-School Sports Program Emergency Information Sheet – 2018-19 (Please print neatly)

Last Name of	Child	First		Date of Birth
Address		City	Zip Code	Home Phone #
Father's Nam	e/Guardian	Wo	rk Phone #	Cell Phone #
Mother's Nan	Mother's Name/Guardian		k Phone #	Cell Phone #
notified by tel Please do not	list mother, father or guardian in sp	t in my absence, and will baces below: It must be S	be informed that the OMEONE NEARB	I wish one of the following to be in names have been used on this sheet. Y who can be reached quickly. If need ical help if a parent cannot be reached.
1.	NAME:			PHONE #
	ADDRESS:			_
2.	NAME:			PHONE#
	ADDRESS:			_
	FAMILY DOCTOR			PHONE#
	FAMILY DENTIST			PHONE#
	NFORMATION OR CONDITIO			
We will assur than a parent	ne that you, the parent or guardian or guardian, please give us the nam	will pick up your child. It e(s) of that person and his	However, if your chi s/her relationship.	ld will be picked up by anyone other
The following	g people are authorized to pick up n	ny child. Please instruct t	hese people to have	a photo ID available upon request.
Child's name		Sport(s)	//	Grade/A, B or C team/
Authorized I	<u>Person</u>	Relations	hip to Child	
1		1		
2		2		

## **Uniform Care and Maintenance of NBN Garments**

To enhance the appearance of your team and extend the life of your garments, NBN Sports recommends the following cleaning and maintenance procedures.

DO NOT	DRY CLEAN YOUR UNIFORM
DO NOT	WASH IN WARM OR HOT WATER
DO NOT	USE CHLORINE BLEACH
DO NOT	DRY ON HIGH HEAT
DO NOT	USE FABRIC SOFTENERS
DO NOT	STORE OR LET SOILED UNIFORMS SET IN LAUNDRY BAG
DO NOT	SOAK NYLON OR SPANDEX GARMENTS
DO NOT	OVERLOAD MACHINE

## **Laundry Preparation**:

Prior to laundering a load of new uniforms, a sample uniform should be washed according to label instructions

For best results, launder uniforms IMMEDIATELY after wearing

If garments cannot be cleaned promptly, place individually on rust-proof hangers or hooks since perspiration fading may occur if garments are left in a pile or laundry bag

Garments should be inspected for tears, snags, etc. prior to washing so repairs can be made to prevent further damage

All contrast color items (belts, etc) should be removed and washed separately

## Soaking:

Soak heavily soiled garments in cold water with a protein release agent for a maximum of 45 minutes

Garments should be washed in a normal cycle immediately after soaking

## Washing:

Do not wash whites and colors together

Wash and rinse all garments in cold water

A mild detergent (pH under 10.0) are recommended, i.e., Ultra Tide, Liquid Tide, Cheer w/colorquard

Maintain a high water level in the washing machine to minimize mechanical action. Only if uniforms are heavily soiled should the water level be low to increase mechanical action

To minimize lint attraction and spark discharge, use an anti-static agent, especially on tumble dried garments

Remove garments from machine immediately after washing. This will help avoid color bleeding

#### Bleach:

Do not use a chlorine bleach as it fades and weakens some material

Do not bleach any garment that contains Spandex, or carries braid trim or embroidery A light application of an oxygen-based bleach is required to clean all white garments

## Drying:

Line drying is recommended

Be sure garments are completely dry before storing

For best results, garments (Spandex) should drip dry. If a commercial dryer is used temperature settings should be set at COOL or AIR DRY  $\,$ 

COMMUNICATE THE ABOVE CARE INSTRUCTIONS TO ANY OUTSIDE PARTIES THAT MAY HANDLE OR LAUNDER YOUR UNIFORMS. NBN SPORTS WILL NOT BE RESPONSIBLE FOR GARMENTS DAMAGED DUE TO IMPROPER CARE OR WASHING METHODS

#### Archdiocese of San Francisco CYO Athletics - Concussion Information Sheet WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

### Signs Observed by Parents or Guardians

If your child has experienced a bump or below to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

Appears dazed or stunned

Is confused about assignment or position

Forgets an instruction

Is unsure of game, score, or opponent

Moves clumsily

Answers questions slowly

Loses consciousness (even briefly)

Shows behavior or personality changes

Can't recall events prior to or after hit or

#### **Symptoms Reported by Athlete**

Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Double or blurry vision Sensitivity to light

Sensitivity to noise

Feeling sluggish, hazy, foggy, or groggy

Concentration or memory problems Confusion

Does not "feel right"

#### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

Ensure that they follow their coach's rules for safety and the rules of the sport.

Encourage them to practice good sportsmanship at all times.

Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin quards, and eye and mouth quards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion.

# WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a heath care professional says it's OK. Children who return to play too soon-while the brain is still healingrisk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.

Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

#### WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.

Any athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

# LET YOUR CHILD'S COACH KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A

**CONCUSSION!** Adapted from the CDC. For more information you can go to:

http://www.cdc.gov/ConcussionInYouthSports

I have read and understand the information on the Archdiocese of San Francisco CYO Athletics Concussion Information Sheet:

Player Name Printed Play	yer Signature	Date	_
Parent or Legal Guardian Name Print	ed Parent or Legal Guardian Signature	Date	