

TIGER ATHLETICS

2011 – 2012 Athletic Packet

The attached packet of information is mandatory forms required by Rayne Catholic Elementary School..

As mandated by the State of Louisiana and the Diocese of Lafayette, Rayne Catholic Elementary is required to keep a copy of all forms in the Athletic Director's office and must present this copy upon request.

Please be attentive to returning all forms to the Head Coach of your sport or Coach Menard in a timely fashion! Feel free to call should you have any questions.

All forms are to be completed and returned before the athlete is allowed to participate in his or her respective sport.

Thank you for your prompt cooperation!

Athletic Director

Principal

ATHLETE'S NAME: _____

(as appears on birth certificate)

First

Middle

Last

GRADE: _____

SCHOOL YEAR: 2011-2012

Check Sports Participating in this school year: **2011-2012**

_____ Baseball

_____ Football

_____ Basketball – boys

_____ Track – boys

_____ Basketball – girls

_____ Track – girls

_____ Cheerleading

_____ Softball

_____ Cross Country – boys

_____ Volleyball

_____ Cross Country – girls

Date Returned: _____

Signature of Reception: _____

Student Eligibility

Every student must have on file:

1. A current approved physical by a licensed physician
2. The **student's signature** on the Athletic Honor Code.
3. **All parent/guardian and student athlete's signatures** on the Athletic Handbook Contract stating the parent/guardians agrees to and will abide by all rules, regulations, policies and consequences set forth in the RCE Athletic Handbook.
4. **Proof of Insurance**
5. Payment of the athletic fee.

Student athletes can NOT participate in any contest without the completion of all five forms.

Funding Entities

The RCE athletic program is self-sufficient. Recurring funding will come from the following sources: athletic fees, concession sales, ticket sales, and Athletic Club Fundraisers. Funding, with the approval of the administration, may also come from fundraisers or school funds. All athletic funds and expenditures are administered as approved by the Principal and/or Pastor.

Athletic Fees

Each athlete is required to pay a fee in order to participate in athletics. These funds will be used to pay for uniforms, league fees and other necessities. Students playing sports must pay a \$35 fee.

A complete copy of the RCE Athletic Standards and Expectations can be found in the Parent/Student Handbook beginning on page 106.

Academic Requirements can be found in the Parent/Student Handbook beginning on page 101.

Attendance Requirements can be found in the Parent/Student Handbook beginning on page 34.

CONTRACT AND CONSENT FORM

As an Rayne Catholic Elementary athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances. I hereby grant permission to be tested for substance abuse/misuse as a participant in any sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, _____, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: August 1, 2011

Student Athlete

Dated: August 1, 2011

Parent/Guardian

Dated: August 1, 2011

Principal

Dated: August 1, 2011

Head Coach

**RAYNE CATHOLIC ELEMENTARY SCHOOL of Acadia Parish
MEDICAL CONSENT FORM**

ATHLETE: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student/athlete. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student/athlete may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer or coach to provide the needed emergency treatment to the student/athlete prior to his/her admission to the medical facilities.

Signature of Parent/Guardian

August 1, 2011

Date

PHONE NUMBERS WHERE PARENT/GUARDIAN CAN BE REACHED

Office _____
Home _____
Cell / Mobile _____
Beeper _____

FAMILY PHYSICIAN INFORMATION

Name of Family Physician _____
Office Phone _____

Allergies, Reactions, etc.:

Rayne Catholic Elementary must have proof of insurance before the athlete is allowed to participate:

Insurance Company: _____
Phone Number: _____
Policy Number: _____
Main Card Holder of Plan: _____

SPORTSMANSHIP POLICIES

Sportsmanship is that quality of honor that desires always to be courteous, fair and respectful. Sportsmanship is evidence by the conduct of players, spectators, coaches, parents, and school authorities.

Rayne Catholic Elementary School of Acadia Parish aspires to develop and maintain that very highest standards of sportsmanship. Administrators, coaches, teachers, participants, parents, and all fans must contribute to this endeavor. The community's high levels of expectations of Rayne Catholic magnify our errors. When we fall short of our high standards, we must do all we can to correct the situation and prevent any further such occurrences. The following guidelines may prove helpful in our quest to become a school known for its outstanding sportsmanship.

Sportsmanship Includes:

1. Being loyal to superiors in making athletics fit into the general school program.
2. Being loyal to coaches and fellow participants.
3. Insistence upon high scholarship and enforcement of all rules of eligibility.
4. Fair, unprejudiced relationship with participants.
5. Teaching athletes to win by use of legitimate means only.
6. Counteracting unfounded rumors of questionable practices by opponents.
7. Discouragement of gambling, profanity and obscene language at all times.

An Athletic Code of Athletes

- A. The Contest Demands:
 1. Fair play at all times
 2. A square deal to opponents by players and spectators
 3. Playing for the joy of playing and for the success of the team
 4. Playing hard to the end
 5. Keeping one's head and playing the game, not talking it
 6. Respect for officials and the expectations that they will enforce the rules
 7. That an athlete should not quit, cheat, bet, "grandstand", or abuse his/her body
- B. The School Demands:
 1. Out-of-school and out-of-town conduct of the highest type
 2. Faithful completion of school work as practical evidence of loyalty to school and team
 3. Complete observance of training rules as a duty to school, team and self.
- C. Sportsmanship Demands:
 1. Treatment of visiting team and officials as guests and the extension of every courtesy to them
 2. Giving opponents full credit when they win and learning to correct one's own faults through his/her failures
 3. Modesty and consideration when one's team wins
 4. An athlete will not "crow" when his/her team wins or blame others when it loses
 5. Be a modest winner and a gracious loser
 6. It is a privilege to play on a high school team
 7. Play always for the love of the game

An Athletic Code for Parents

1. Parents should always express love, support and appreciation for their child's efforts—win or lose. Be a person in your child's life who offers constant positive enforcement.
2. Parents should be completely honest about their child's athletic capability, competitive attitude, sportsmanship, and actual skill level.
3. Be helpful but do not "coach" your children on the way to the track, diamond, field, or court. . .on the way back. . .at breakfast. . .and so on. Support his/her coach by not undermining him or her.

4. Teach your child to enjoy the thrill of competition, to be “out there trying” to be working to improve his or her skills and attitudes.
5. Try not to relive your athletic life through you child in a way that creates pressure; you fumbled, too, you lost as well as won. You were frightened, you backed off at times, and you were not always heroic. Do not pressure you child because of your pride.
6. Alcohol consumption is strictly prohibited on or at any Notre Dame sporting function.
7. Do not compete with the coach. When a certain degree of disenchantment about the coach sets in, some parent’s side with the student/athlete and are happy to see the coach criticized. This is a mistake. It should provide a chance to discuss (not lecture) with the student the importance of learning how to handle problems, reach to criticism and understand and necessity for discipline, rules, regulations and so on.
8. Do not compare skill, courage, or attitudes of your child with that of other members of the squad or team. If your child shows a tendency to resent the treatment received from the coach, or the approval other team members received, be careful to talk over the facts quietly and try to provide fair and honest counsel.
9. You should also get to know the coach so that you can be assured that the philosophy, attitudes, ethics and knowledge of the coach are such that you are happy to expose your child to him or her. The coach has a tremendous potential influence.
10. Always remember that children tend to exaggerate, both when praised and when criticized. Temper you reactions to the tales of woe or heroics they bring home. Above all, do not over-react and rush off to the coach if you feel an injustice has been done. If there are questions or concerns that you have about your student’s/athlete’s involvement with a certain sport, you are encouraged to discuss those concerns with the head coach of that sport. Coaches should never be challenged or confronted during or immediately following the completion of a game or practice. Appointments should be made for private meetings which will lead to more positive resolutions of any problems.
11. Make a point of understanding courage. Explain to your student/athlete that courage does not mean an absence of fear but rather means doing something in spite of fear or discomfort.
- 12. Coaches, Faculty and Parents are prohibited from talking to students from other schools in the hopes of ‘recruiting’ them to attend Rayne Catholic Elementary School of Acadia Parish.**
- 13. If an athlete is ejected from a game on a second offense, the athlete and parents are responsible for the fine.**

Parents are the primary coaches. Many great athletes who, in evaluating the reasons for their success, have said, “My parents really helped—I was lucky in this respect.” The coaching job that parents have is the toughest one of all and it takes a lot of effort to do it well. It is worth all the effort when you hear your son or daughter boast that you played a key role in his or her success.

I have read and agree with these rules of sportsmanship. I promise to adhere to these rules with regards to Rayne Catholic Athletics.

Student’s / Athlete’s Signature	August 1, 2011 Date
Parent’s Signature	August 1, 2011 Date

Parent/Guardian Athletic Honor Code

Children listen to and exhibit behaviors similar to their primary care takers. If every effort is made on the part of the coaches and parents to be Christian role models to the children in their care, then these children will learn the great gift God has provided them and use these gifts to not only become a better athlete, but a better Christian.

I therefore agree that:

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. 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
4. 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.
5. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
6. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
7. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
8. I will emphasize to 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.
9. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
10. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game, and will take time to speak with coaches at an agreed upon time and place.
11. I will refrain from coaching my child or other players during games and practices unless I am an official coach.
12. I agree to follow the chain of command when I feel that there are problems:
1.) Coach, 2.) Athletic Director, 3.) Principal, 4.) Pastor
13. **I will work my assigned shift that appears on the work schedule. If I fail to work or send another adult to work in my place, I will pay the \$25 assessment fee.**

Student and Parent/Guardian Athletic Contract

2011-2012

By signing this form, I agree to familiarize myself and my child(ren) participating in RCE athletics with the rules and policies set forth in this handbook. My child(ren) and I have read and discussed these policies. We agree to abide by these same rules and policies.

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, and/or head of league organization.
2. Written warning.
3. Parental game suspension with written documentation of incident kept on file by organizations involved.
4. Parental season suspension.

Student/Athlete Name (Print): _____ Grade _____

Parents or Guardians Signatures: _____ Date _____
_____ Date _____

Student-Athlete Honor Code 2011-2012

1. I will strive to live the Gospel message in all my actions as an athlete.
2. I will be an ambassador of Rayne Catholic Elementary and represent the school with Christian charity, dignity and honor.
3. I will respect my coaches and teammates by following all the regulations and guidelines of RCE and my team.
4. I will be a source of encouragement for my teammates.
5. I will respect referees and my opponents.

Student Signature

Grade

Date

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Whom _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Whom _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Whom _____
<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Date _____
<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____					

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Condition _____
<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Recent Mononucleosis
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	Surgery	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	Allergies (Food, Drugs) _____
<input type="checkbox"/>	Medications _____				

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

1. If, in the judgment of a school representative, the named student athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No

This waiver, executed this _____ day of _____, 20____, by _____, M.D., D.O., APRN or PA and _____ student athlete, is executed in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence.

Typed or Printed Name of Student Athlete _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia (if Needed)	<input type="checkbox"/>	<input type="checkbox"/>

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

From this limited screening I see no reason why this student cannot participate in athletics
 Student is cleared
 Cleared after further evaluation and treatment for: _____
 Not cleared for: __contact __non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date _____

* This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA. *