



ST. CORNELIUS CATHOLIC SCHOOL

FOUNDED BY RELIGIOUS SISTERS OF CHARITY 1953

Email and Phone Information

Parent's Name _____

Email Address _____

Phone Number _____

Athlete's Name _____

Sport _____

Parents will be contacted by School Reach or the Coach of any changes to the schedule.

ARCHDIOCESE OF LOS ANGELES
DEPARTMENT OF CATHOLIC ELEMENTARY & JUNIOR HIGH SCHOOLS
ATHLETIC ACTIVITY PERMISSION FORM

Athletic Activity:
(Check or "X" one)

Volleyball Football Basketball
 Softball Track and Field Competition

Competitions:

Cheerleading Song-leading

Tournaments:

Golf Soccer Baseball

Participation Level:

(Check or "X" one)

Varsity "A" "Bee" level

Participant's Name: _____

(Please Print)

Grade: _____ **Birthday:** _____

Parent / Guardian's Name: _____

(Please Print)

Home Address: _____

Street,

City, Zip

Home Phone: _____ **Work Phone:** _____

Mobile Phone: _____ **Other:** _____

In Case of An Emergency

Name: _____

(other than yourself)

Contact Number: _____



ST. CORNELIUS CATHOLIC SCHOOL

OFFICE OF THE PRINCIPAL

Parent / Guardian's Consent:

I, _____ the parent/ guardian of the above name child, hereby request that my child participate in the athletic activity(s) listed above. I agree to direct my child to cooperate and conform with the directions and instructions of the supervisory archdiocesan personnel responsible for the athletic activity.

I agree that in the event my child is injured as a result of his/her participation in the above listed athletic activity, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of the school or archdiocesan athletic activity program or any of its agents or employees, recourse for the payment of any resulting hospital medical or related costs and expenses will first be made against any accidents hospital or medical insurance or any available benefits plan of mine or of my spouse.

I hereby give permission to the physician selected by the athletic activity supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

My child is allergic to: _____
(medicine or foods)

Parent / Guardian's Signature Date



Parent Code of Conduct

As the season approaches, I would like to remind everyone of their responsibilities as a youth parent.

Your most important responsibility is to make sure that your child enjoys practices and games. You can help your child get the most out of her or his sport experience by being supportive and encouraging at all times. Avoid offering detailed instructions before, during, or after the game or evaluating the coaches' or your child's performance on the way home from the game. It is important to remember the different and complementary roles involved in sports. Simply stated "Let coaches coach, players play, officials officiate" and parents offer support.

Your second most important responsibility as a parent is to create a positive atmosphere in the stands (or on the sidelines) in which both teams can bring out the best in each other during competition. While we can't control the behavior of the opponents, their coaches, and their fans, we can hold ourselves and each other to high standards. St. Cornelius School expects that you will set a good example by refraining from directing negative or sarcastic comments to opponents, referees, coaches, or our players, especially your own child. You are also expected to model good sportsmanship by congratulating good play, offering hospitality to opposing fans, and discouraging negativity. Remember that fan behavior teaches children important moral lessons.

In order to better foster a positive environment for opponents, referees, coaches, and our players, any negative behavior will affect your child's playing time or removal from the game.

Please sign below stating that you have read and understood the parent conduct.

Parent Signature

Date



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OFFICE OF THE PRINCIPAL

Parent Sports Confirmation

I have read the Rules and Policies for CYO League Teams and agree to comply by them.

Parent Name _____ Date _____

Parent Signature _____

Athlete's Name _____ Grade _____

Team:

Varsity JV C (circle one)



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Athletic Parent Driver Authorization

I will be driving St. Cornelius athletes to and from their games or practices. Each child will be in a seat with a seat belt. I have a valid California driver's license – the number is _____ and my current automobile insurance carrier is _____ policy number is _____.

Name _____

Signature _____

Date _____