



# St. Francis Xavier Athletics

*Make each day your  
masterpiece.  
-John Wooden*

2019-2020

## Important Dates for 2019/2020 SFX Athletics!

- All 5th-8th grade students interested in joining any sports teams will turn in all paperwork first.
- **August 19th, first practice for fall sports.**
- **September 9th - Fall season games start this week!**

## We Value Your Feedback!

The long term success of SFX Athletics hinges greatly on the commitment and support of our school parents. Please feel free to contact us with any questions you have.

[Ben.stryczek@sfxphx.org](mailto:Ben.stryczek@sfxphx.org)

Welcome to the 2019 - 2020 school year. St. Francis Xavier participates in the CYAA for boys and girls in 5th-8th grades. Head Athletic Director Ben Stryczek will be in charge of all boys and girls sports programs with assistance from our coaches.

Once again...ALL incoming 5th-8th grade students are **required** to have an updated physical on file. If you are participating in sports all forms and physicals **MUST** be turned in before students will be allowed to participate. **Please note: Sports Physicals Due August 14th** for fall sports.

Forms include:

- Sports Permission/Emergency Form
- Student Health History
- Physical Exam
- Role of the Parent
- Transportation form

Sports fees will be posted to your FACTS account once the season starts. The sports fee is \$125 per sport + an additional \$25. for customized jerseys to keep.

### **Fall Sports: BOYS FLAG FOOTBALL/GIRLS VOLLEYBALL**

- The season runs from early Sept through early Nov.
- The CYAA tournament for 7th & 8th graders is at the end of October. Dates TBD.

### **Winter Sports: BOYS BASKETBALL/GIRLS SOFTBALL**

- The season runs mid Nov. through early Feb.
- The CYAA tournament for 7th & 8th graders is the end of January. Dates TBD.

### **Boys and Girls Cross Country Invitational**

- Cross Country Week of Nov. 4th.
- Practices will start October 21st.

### **Boys and Girls Soccer**

- Must sign up by December 20th
- Practices start 2nd week of Jan.
- CYAA Tournament TBD.

### **Spring Sports: BOYS BASEBALL/GIRLS BASKETBALL**

- The season runs from mid February through April 30th
- The CYAA tournament for 7th & 8th graders begins the first of May.



# C.Y.A.A. Sports Permission and Emergency Form

Saint Francis Xavier      SPORT: \_\_\_\_\_

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ request that SFX allow my child to participate in the C.Y.A.A. after school sports program.

We hereby release and save harmless SFX or any and all its employees from any and all liability for any harm arising to my/our son/daughter as a result of participating in the C.Y.A.A. after school sports.

Be it known that, I, the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ (Parent/Guardian Signature)

\_\_\_\_\_ (Parent/Guardian Signature)

In case of emergency, please contact: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

\*In case of an accident, may we choose a physician? YES \_\_\_ NO \_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

All students must have a valid doctor's physical (good for one year) on file with the school or attached to this form on the first day of practice.

\_\_\_\_\_ Physical is on file with the school (have participated in sports previously this school year)

\_\_\_\_\_ Physical is attached to this form

**STUDENT HEALTH HISTORY**

(To be completed and signed by parent/legal guardian)\*

Student's Name \_\_\_\_\_ Current Sports Participation \_\_\_\_\_

Address \_\_\_\_\_ 1) \_\_\_\_\_

Phone \_\_\_\_\_ (2) \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ (3) \_\_\_\_\_

\*Per AIA Bylaws; Article 15. Student Eligibility Rules, Section 15.7, Paragraph 15.7.3, Subparagraph 15.7.3.1

**Has your child ever had or now has.....?**

Details	Yes	No	Year	Details	Yes	No	Year
Allergy	Yes	No	_____	Joint Pain	Yes	No	_____
Anemia	Yes	No	_____	Kidney Trouble	Yes	No	_____
Ankle Injury	Yes	No	_____	Knee Injury/Surgery	Yes	No	_____
Arthritis	Yes	No	_____	Knocked Out	Yes	No	_____
Asthma	Yes	No	_____	Loss of Consciousness	Yes	No	_____
Back Pain	Yes	No	_____	Menstrual Cramps	Yes	No	_____
Concussion	Yes	No	_____	Migraine Headaches	Yes	No	_____
Diabetes	Yes	No	_____	Mononucleosis	Yes	No	_____
Eczema (skin problem)	Yes	No	_____	Neck Injury	Yes	No	_____
Elbow Injury	Yes	No	_____	Rheumatic Fever	Yes	No	_____
Emotional Problems	Yes	No	_____	Scoliosis	Yes	No	_____
Epilepsy (seizures)	Yes	No	_____	Spine Injury	Yes	No	_____
Fainting	Yes	No	_____	Sinus Trouble	Yes	No	_____
Hearing Trouble	Yes	No	_____	Sore Throats (chronic)	Yes	No	_____
Heart Murmur	Yes	No	_____	Tuberculosis	Yes	No	_____
Hepatitis	Yes	No	_____	Valley Fever	Yes	No	_____
Hernia (rupture)	Yes	No	_____	Wrist Injury	Yes	No	_____
Hives	Yes	No	_____	Other	Yes	No	_____

Operations \_\_\_\_\_  
                   Nature \_\_\_\_\_ Year \_\_\_\_\_ Nature \_\_\_\_\_ Year \_\_\_\_\_

Fractures \_\_\_\_\_  
                   Nature \_\_\_\_\_ Year \_\_\_\_\_ Nature \_\_\_\_\_ Year \_\_\_\_\_

Sprains/Dislocations \_\_\_\_\_

Does the student have to stop while running 1/2 mile? \_\_\_\_\_

If student had prolonged absences from school, state why and when: \_\_\_\_\_

To which medicines is student allergic? \_\_\_\_\_

If now under doctor's treatment, why and doctor's name: \_\_\_\_\_

MEDICATION NOW TAKING: \_\_\_\_\_

Sports from which student is to be excluded: \_\_\_\_\_

DATES OF LAST: Tetanus Booster \_\_\_\_\_ Chest X-ray \_\_\_\_\_

**If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school.**

Signature of Parent / Legal Guardian \_\_\_\_\_

## ROLE of Parents

Parents of children participating in the CYAA Athletic Program should be made aware of the philosophy and guidelines as presented in the CYAA Handbook (See Diocese of Phoenix, Catholic Schools Website)

Parents should be encouraged to take an active part in the CYAA Athletic Program of their school:

- Parents can have a great influence as spectators at a game. It is of importance that this influence be of a positive nature. Coaches and players are encouraged and motivated by the support of parents, and the greatest support and encouragement is needed after a loss.
- When relating to coaches and officials, parents should always be an example of cooperation and respect.
- A parent who observes a coach whose behavior is not consistent with CYAA guidelines/philosophy should make it known to the school's athletic director in writing, and should not approach the coach in person.
- Parents are to refrain from offensive language and actions. Taunting or swearing will not be tolerated.
- Parents will respect the judgment of an official or umpire.
- Parents will monitor and follow the guidelines in the school's handbook regarding academic progress and ineligibility. Students must maintain a grade of C or above in all classes, reports will be run quarterly and mid-quarterly.
- Please read the following page regarding school procedures for safety of our athletes and facilities.

Keep the above and detach the bottom. Return to Athletic Director by \_\_\_\_\_

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RETURN THIS PORTION TO PE COACHES/ATHLETIC DIRECTORS

Athlete's Name \_\_\_\_\_ Grade/Team \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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.

Because of the limited number of participants in the (name of program) of (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.

I, (name of parent/guardian) of (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, (name of parent/guardian), parent/guardian of (name of student) a participant in the (name of program) of (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 school year.

(2) NON-EXCEPTION

I, (name of parent/guardian), parent/guardian of (name of student) choose to have my child always travel in a 2 adult vehicle.

(3) ASSUMPTION OF TRANSPORTATION RESPONSIBILITY

I, (name of parent/guardian), parent/guardian of (name of student) 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: