

St. Joseph School, Upland  
**Permission to Practice After School Sports and Fee Form**

SPORT: \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

Signature of approval from Homeroom Teacher:

X \_\_\_\_\_  
**(Please obtain signature from teacher prior to final parent approval)**

COORDINATORS: PHIL GRANT, Athletic Director (909) 982-6338

I/We the parent(s) of \_\_\_\_\_ request that the school allow my son/daughter to participate in the after school sports program noted above.

I/We understand that in order to participate in the St. Joseph's School Sports Program, my child needs to meet the eligibility requirements as noted below:

- The athlete must demonstrate a proper Catholic Christian attitude in action and speech both on and off the playing field.
- Satisfactory scholastic achievement in terms of individual effort is of prime importance to students participating in extra-curricular activities.

To be scholastically eligible, the student must meet the following standards:

1. Maintain a "B" grade point average (GPA) in behavior.
2. Accumulate the GPA of 2.0 (C grade) without any failure ("F").
3. A "Permission to Practice" form must be approved by student's teacher(s), and signed by the homeroom teacher. The signed form must then be returned to the Athletic Chairperson through the school office.
4. Please enclose a check or cash in the amount of \$80.00 per child. The fee is used to pay league fees. League fees are not refundable if the school is unable to field a team in a particular sport, and or if a child does not meet the minimum requirements to remain on the team.

Paid \$80.00 \_\_\_\_\_ Cash or check no \_\_\_\_\_

Grade checks will be conducted no later than mid-trimester (6-7 weeks) by the teacher and Athletic Director. If a student is below the academic standards, he/she will be placed on academic probation for two (2) weeks.

My child has my permission to attend all games and practices:

PARENT(S)/GUARDIAN SIGNATURES: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home: \_\_\_\_\_

# Inland Catholic Schools League

## Family Christian Sports Pledge



# ICSL

We, the undersigned, are enrolling our child in a Catholic athletic program, which will emphasize Christian values during practices and games. Although my child's team will practice hard and play their games to the best of their ability, faith in Jesus Christ -- not winning, is the most important goal of this season.

My child and I realize that we are expected to behave in a Christian manner throughout the season, and that family and friends who come to our games are also expected to act in a manner appropriate for a program dedicated to living the faith we profess. We realize that inappropriate behavior on the part of any member of our family could result in our child's suspension from the team or the league.

We pledge to do our part to accompany our child to as many practices, games and meetings as possible. We will work closely with school personnel to insure that academics are first, athletics second. We further promise to be diligent in attending games - arriving on time, abide by the league rules and policies, acknowledge the authority of coaches, referees and league officials.

Finally, we pledge to keep our priorities appropriate, promoting and displaying mature, Christian behavior at:

Sport \_\_\_\_\_ for (School) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

INLAND CATHOLIC SCHOOLS LEAGUE  
PERMISSION AND INDEMNITY AGREEMENT

*Please fill out this form completely and return it to your child's coach.*

My son, daughter, ward, a student at \_\_\_\_\_ School has permission to participate in a sport hosted by the Inland Catholic Schools League (ICSL). I understand this activity will take place under the supervision and guidance of employees/volunteers of the ICSL.

Student's Name: \_\_\_\_\_ Name of Sport \_\_\_\_\_

I would like my child/ward, named above, to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify the Inland Catholic Schools League and its staff, The Roman Catholic Bishop of San Bernardino, Office of Catholic Schools, and the School my child/ward attends, against any claim which may result from any personal actions taken by my child/ward. I certify that I have an understanding of this agreement and the activity named above, and that I had the opportunity to fully discuss the activity with a school or league representative.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached, I give my permission to call Emergency Medical Technicians, a physician or hospital selected by the ICSL, to hospitalize, or perform emergency medical procedures as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the ICSL and its staff during events and activities. I understand the possibility of unforeseen hazards and how there is the inherent possibility of risk or danger associated with all sport activities.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Emergency Contact Names \_\_\_\_\_

Phone Numbers \_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity:

Allergies: \_\_\_\_\_