

**St. Joseph School – Upland**  
Permission to Practice after School - Sports and Fee Form

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

**STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Signature of Approval from Homeroom Teacher:** \_\_\_\_\_

(Please obtain signature from teacher prior to final parental approval)

**Coordinator:** Elvira Gonzalez, Athletic Director: (909) 920-5185; egonzalez@stjosephupland.org

I/We the parent(s) of \_\_\_\_\_ request that the school allows 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 School Sports Program, my child needs to meet and maintain 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. **Respect towards coaches, teammates, and others is expected at all times.**
- Satisfactory scholastic achievement in terms of individual effort is of prime importance to students participating in extra-curricular activities.

**\*\*If requirements are not adhered to, an athlete maybe suspended from the team.\*\***

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

1. Maintain a grade of "G" or higher 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 \$90.00 (per child). The fee is used to pay league fees and facility usage fee. 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.

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Paid \$90.00: \_\_\_\_\_ cash receipt or check number \_\_\_\_\_

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 permission to attend all games and practices.

Parent(s)/Guardian signatures: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

# *Inland Catholic Schools League*

## *Family Christian Sports Pledge*



# ICSL



We, the undersigned, choose to enroll 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, continuing to develop 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 that 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 league.

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

Finally, we pledge to keep our priorities appropriate, promoting and displaying mature, Christian behavior at this season's games in:

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: \_\_\_\_\_