



Athletics Sign-Up - 2016 -2017 Season

All students enrolled in Mary Queen of Saints or the religious education programs of Holy Assumption, Immaculate Heart of Mary, Mary Queen of Heaven, St. Aloysius, St. Augustine, St. Florian and St. Rita in the specified grades are eligible to play sports with MQSCA.

1. Please fill out this form *and* the forms found online at www.mqscs.org. (Go to Activities tab, Athletics forms/wear). If any information changes during the school year, please fill out a new set of forms.
2. You can pay for all the sports in advance or by the due date (see below). Please indicate on the memo of your check for which athletes and which sports you are paying.

If financial difficulties are preventing you from signing your child up for sports, please contact Luke Lynch, Athletic Association President, 414-687-8442 or lynch.m@live.com

3. Mail or drop off both forms and check at **Mary Queen of Saints Athletics**

1435 S. 92nd Street
West Allis, WI 53214

Please detach lower half and send back to school with payment and forms

MQSCA Athletics Sign-Up Form

Checks should be made payable to: Mary Queen of Saints Athletics

Please indicate on the memo of your check for which athletes and which sports you are paying.

Please check the sport(s) you are signing up:

	Sport (grade)	Cost	Payment Due	Season	Coordinator	Phone
<input type="checkbox"/>	Fall Soccer (K5-8)	\$30	May 30th	Aug-Oct	Becky Pochert	202-3990
<input type="checkbox"/>	Girls Volleyball (5-8)	\$30	May 30th	Aug-Oct	Angela Frederiksen	702-7265
<input type="checkbox"/>	Basketball (5-8)	\$45	Sept 19th	Nov-Mar	Contact Luke to volunteer for this position	
<input type="checkbox"/>	Instructional Basketball (K5-4)	\$15	Nov 11th	Dec-Feb	Contact Luke to volunteer for this position	
<input type="checkbox"/>	Spring Soccer (K5-4)	\$25	Mar 15th	Apr-Jun	Becky Pochert	202-3990
<input type="checkbox"/>	Track (5-8)	\$30	Mar 15th	Apr-Jun	Andy Borkowski	526-2795

Name of Athlete: _____ Grade: _____ Birthdate: _____
(First & Last)

Select one

- MQS Student
- Religious Education Athlete, list parish: _____

Parent(s) Name: _____

Address: _____

City, Zip Code: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Email Address: _____

For Athletic Use Only

Paid _____

Cash _____ or

Check # _____

Athletic Forms: _____

ARCHDIOCESE OF MILWAUKEE

Student Athlete - Medical Information & Emergency Consent Form

Participant's Name _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

Other Emergency Contact Person _____ Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Pre-existing Medical Conditions: _____

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of (child's name) _____

Parent / Legal Guardian Date

Parent / Legal Guardian Date

ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____

Address _____

1) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My/our child wishes to participate in the sport(s) of (list all)
_____ during the _____ school year.

I/We realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with our child's participation in the above listed sports and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

Physical Examination Form - Athletic Participation

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

Student Information

Student's Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Sex: _____ Grade: _____ Height: _____ Weight: _____

School: _____ City: _____

Physician's Recommendations and Examination

The above named student has been examined and there are no apparent restrictions to participation in interscholastic athletic activities except as follows:

Cleared without restriction Cleared, with the following qualifications: _____

Not cleared Pending further evaluation For all sports For certain sports

Reason: _____

Recommendations: _____

Name of Physician (Print or Type): _____

Signature of Licensed Physician (MD or DO)/PA/APNP: _____

Address/Clinic: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Examination: _____



Mary Queen of Saints Catholic Academy

Athletic Code of Conduct

Last Updated: Fall 2013

Eligibility to compete will be determined by the player's effort and conduct in school.

All students participating on any extracurricular athletic team from Mary Queen of Saints will be expected to abide by the following rules:

1. A student athlete may compete concurrently in only one sport, on only one team in the same sport, and in only one league during the sport season.
2. Student athletes must demonstrate respect for school property, for coaches and officials, and for other students at all times. Good sportsmanship, proper language and behavior must be displayed at all times by students, parents, and coaches.

Behavior consequences:

- 1st Violation: Suspension of participant in the next meet, match, or game.
- 2nd Violation: Suspension of participant in the next 3 meets, matches or games.
- 3rd Violation: Suspension of participant in the current school-year regarding all athletics.
- 4th Violation: Suspension permanently.

3. Attendance:

- A student may not participate in any after school activities on a day when he/she has been absent a full day due to illness or suspension.
- Religious education students must attend regularly scheduled classes.

4. Academic eligibility:

- Any student who is receiving a failing grade in any subject on a mid-term progress report will be placed on a two-week warning period. That student will have two weeks to bring his/her grade up to passing or they will not be allowed to practice or attend games in uniform.
- Any student who receives a failing grade in any subject on a report card will be immediately placed on a 2-week probation period. During this period the student will not be able to participate in any games or practices or attend any games in uniform. If the student brings his/her grade up to a passing grade within the 2-week period, he/she will be fully reinstated to the team. If the student fails to bring his/her grade up to a passing grade, probation will continue for another 2-week period.
- Religious education students will be required to show progress reports and report cards to the coach.
- Principals will work with the Athletic Director and coaches to evaluate and enforce eligibility as it pertains to individual students.

5. The use or possession of alcohol, drugs, or tobacco is strictly forbidden by all athletes. Violation of this rule will result serious consequences. Consequences of the violation of this rule will be decided upon after consultation with principal's and athletic director.

6. Student athletes who continuously violate the school's behavior policy will be suspended from practice and play for one week.

Coaches, athletes, parents, fans and spectators are all expected to display good sportsmanship at all athletic games and functions. Any remarks or actions which are considered racial, discriminating or demeaning may result in removal from the game or activity site.

Student Athlete Print _____ Signature _____ Date _____

Parent/Guardian Print _____ Signature _____ Date _____

ARCHDIOCESE OF MILWAUKEE

Archdiocese of Milwaukee
Student-Athlete
Sportsmanship Pledge

Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

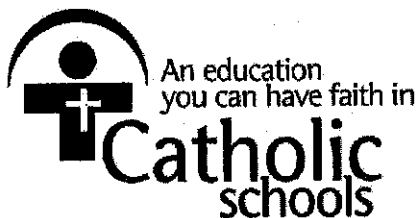
Student-Athlete

Parent(s) /Guardian(s)

+ Jerome E. Listewski

Coach

Archbishop Jerome E. Listewski





ARCHDIOCESE OF MILWAUKEE

Archdiocese of Milwaukee
Parent/Guardian
Sportsmanship Pledge

Sports-man-ship – n. conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a parent/guardian of an Archdiocese of Milwaukee student-athlete, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for players, coaches and spectators.
- Provide encouragement and support for players and coaches.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my son/daughter.
- Take responsibility for my actions.

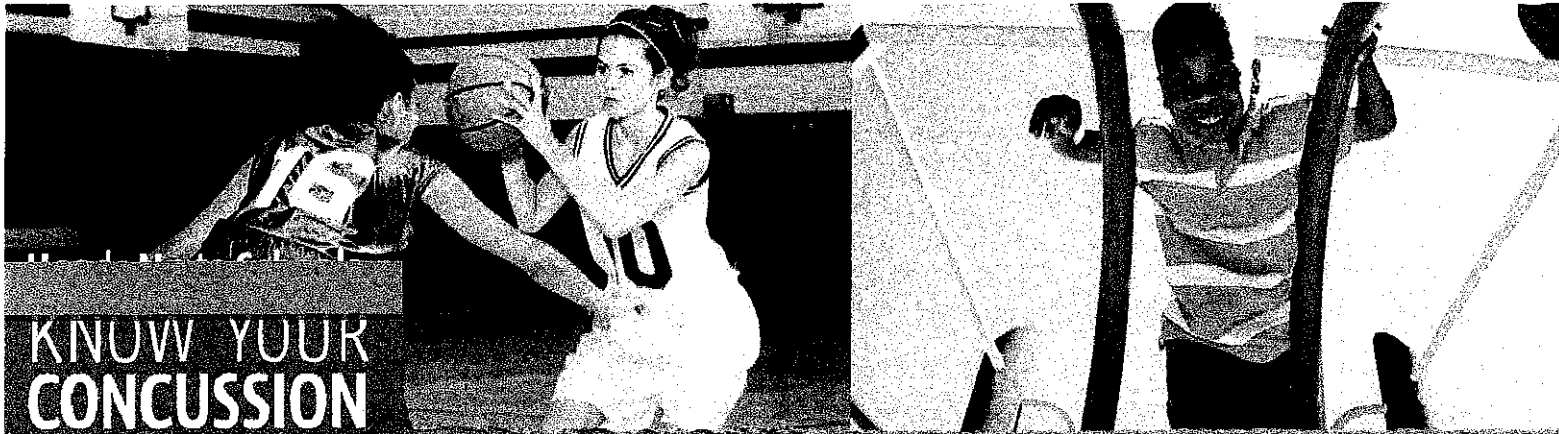
I understand that I may not be able to attend activities if I do not display good sportsmanship.

+ Jerome E. ListECKi

Parent(s) /Guardian(s)

Archbishop Jerome E. ListECKi





KNOW YOUR CONCUSSION ABCs

Assess the situation Be alert for signs and symptoms Contact a health care professional

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. Seek medical attention. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning activities) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while **he/she** is recovering from a concussion. Exercising or doing activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning to daily activities too quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot keep up with school work and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



To learn more about concussion go to :

Concussion or call 1-800-CDC-INFO

KNOW YOUR CONCUSSION ABCs

Assess the situation Be alert for signs and symptoms Contact a health care professional

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

COMMON SYMPTOMS OF A CONCUSSION:

Tell someone if you see a teammate with any of these symptoms.

Tell someone if you feel any of the following:

- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position
- Moves clumsily
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

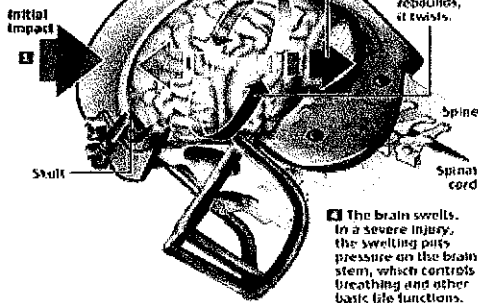
Changes in your normal sleep patterns.





Anatomy of a concussion

Here is what happens to the brain to cause a concussion:



1 The force from the impact causes the brain to strike the inner surface of the skull and rebound against the opposite side.

2 In severe concussions as the brain rebounds, it twists.

3 The brain swells. In a severe injury, the swelling puts pressure on the brain stem, which controls breathing and other basic life functions.

Sources: Dr. Jay Rosenberg of Kaiser Permanente Medical Care Neurology; American Academy of Neurology; The Human Body

MARK NOWLIN / THE SEATTLE TIMES

*Wear the proper

equipment for each sport

and make sure it fits well.

*Follow the rules of the

sport and the coach's rule

for safety.

*Use proper technique.

If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

What should you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion, you may not participate again until evaluated by a health care provider and receive written clearance to return to activity. You must provide this written clearance to your coach.
3. Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussion, go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org





PARENT AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed annually prior to participation in any sport.*

Parent Agreement:

I, _____ have read the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

PARENT/GUARDIAN SIGNATURE:

DATE:

My electronic signature on this form indicates my intent to adopt the content of this form and communicate such information and consent electronically to my parish/school.

Athlete Agreement:

I, _____ have read the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

ATHLETE SIGNATURE:

DATE:

My electronic signature on this form indicates my intent to adopt the content of this form and communicate such information and consent electronically to my parish/school.