

MARY QUEEN OF SAINTS
CATHOLIC ACADEMY

UNITED IN FAITH. GROWING TOGETHER.

Athletics Sign-up: 2020 - 2021 Seasons

All students enrolled in Mary Queen of Saints or the religious education programs of Holy Assumption, St. Augustine, St. Florian, St. Rita, and Mother of Perpetual Help in the specified grades are eligible to play sports with MQS.

1. Please fill out this form *and* the athletic packet found online at <http://mqzca.org/activities/athletic-forms/>. 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 Athletic Director Marycruz Valdivia at mq_valdivia@yahoo.com or 414-403-2777

3. Submit forms via email to: MQSAthletics@gmail.com OR Mail or drop off forms and payment at

Mary Queen of Saints Catholic Academy

1435 S. 92nd Street
West Allis, WI 53214

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

MQS Athletics Sign-Up Form

Checks should be made payable to: Seton Catholic Schools – MQS 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 (K4-8)	\$40	May 31st	Aug-Oct	Nicole McNally	202-3990
<input type="checkbox"/> Girls Volleyball (5-8)	\$50	May 31st	Aug-Oct	Tracy Strizic	491-5878
<input type="checkbox"/> Basketball (5-8)	\$50	Sept 13th	Nov-Mar	Stephanie Borkowski	699-1709
<input type="checkbox"/> Spring Soccer/Futsal (K4-4)	\$40	Mar 13th	Apr-Jun	Liz Suelzer	403-0110
<input type="checkbox"/> Track (5-8)	\$50	Mar 13th	Apr-Jun	Andy Borkowski	526-2795

Total Cost: \$_____ Payment: Cash ___ or Check # _____

Name of Athlete: _____ Grade: _____ Birthdate: _____

MQS Student

Religious Education Athlete, list parish: _____

Parent/Guardian Name: _____

Address: _____

City, Zip Code: _____

Phone 1: _____ Phone 2: _____

Email 1: _____ Email 2: _____



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:

Date:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Parent/Guardian:

Date:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Mary Queen of Saints Catholic Academy Athletics

Volunteer Commitment Form

Athletics can't happen at MQSCA without the help of our volunteers. In order to provide these opportunities for our children, we must turn to their families. We are asking each family to volunteer at least 4 hours during the 2019-2020 academic year. Each family's commitment is 4 hours total, regardless of how many children are signed up for sports, or whether your child is signed up for more than one sport. Volunteers can be parents and grandparents, older siblings or friends, but all volunteers must complete the "Safeguarding All of God's Family" class offered by the Archdiocese of Milwaukee.

Parent/guardian 1: _____

Phone number to best reach you: _____ Email address: _____

Parent/guardian 2: _____

Phone number to best reach you: _____ Email address: _____

Student(s) name and grade: _____

Sports: _____

I am interested in volunteering for the following:

<input type="checkbox"/>	Volleyball concessions/admissions, Fall 2019
<input type="checkbox"/>	Basketball concessions/admissions, Winter 2019/20
<input type="checkbox"/>	Futsal concessions/admissions, Spring 2020
<input type="checkbox"/>	Track concessions/admissions, Spring 2020
<input type="checkbox"/>	Coaching a sport
<input type="checkbox"/>	Gym Manager - athletic board position
<input type="checkbox"/>	I am unable to volunteer. Instead, I will make a \$50 contribution to the athletic program.

If you are unable to fulfill your volunteer hours during the 2020-21 academic year, you will be invoiced \$50 on your final tuition bill.

You will be contacted at a later time to schedule your time to volunteer.

Questions? Email Marycruz, Athletic Director, mg_valdivia@yahoo.com.

MQSCA ATHLETIC ASSOCIATION
PARENT UNIFORM INFORMATION/AGREEMENT
2020-2021 SCHOOL YEAR

Uniforms will be distributed to all athletes prior to the first scheduled game of each sport season. It is the parents' responsibility to keep the uniform clean and well maintained. Uniforms will be collected after each sport season has concluded.

Proper care of the uniforms is expected. Please do not put the uniforms in the dryer. Line dry only. This helps to extend the life of the uniforms.

Uniforms are to be returned clean and in good repair.

If a uniform is not returned by the date requested, a \$5.00 per day late fee will be assessed. If the uniform is returned damaged, a fee will be charged for the replacement cost of that uniform. The cost of replacing a uniform can run from \$50-\$100.

Thank you for your cooperation,
MQSCA Athletic Association

I acknowledge receipt of the information regarding the uniform policy for Mary Queen of Saints Athletic Association. I understand that it is the responsibility of the parent to keep the uniform clean. I also understand that the uniform is to be returned on time. In the event that the uniform is damaged, I understand that I will be billed for the replacement cost of the uniform.

Parent/Guardian

Date

By entering my full name, I attest that this constitutes my legal electronic signature on this form



STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

PARTICIPANT'S NAME:		
ADDRESS:		
CITY:	ZIP:	PHONE:
PARENT/LEGAL GUARDIAN:		
ADDRESS:		
EMPLOYER:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
OTHER EMERGENCY CONTACT PERSON:		PHONE:

MEDICAL INFORMATION

FAMILY PHYSICIAN:	PHONE:
GROUP/ADDRESS:	
HOSPITAL OF PREFERENCE:	

INSURANCE INFORMATION

SUBSCRIBER:	GROUP NUMBER:
POLICY NUMBER:	COMPANY:
PRE-EXISTING MEDICAL CONDITIONS:	

I authorize the coaching staff to provide emergency medical treatment of any 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 judgment may be deemed necessary in the care of (child's name) _____

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form
6145.2(b)

**PARENTS AND/OR LEGAL GUARDIANS
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM**

PARTICIPANT:		BIRTH DATE:
ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		

My/our child wishes to participate in the sport(s) of (list all)

_____ during the _____ school year.

I/We will 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 our child's participation in the above listed sports and the potential injuries that may occur.

I/We will 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 SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



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:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

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:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**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):
COACH:	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. Listecki</i>

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form
6145.2(m)

**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.

PARENT(S) /GUARDIAN(S):	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. Listecky</i>
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.