



Cougars Cheerleading

Mandatory Parent meeting

Grades 3-8

Tuesday, September 11th

7:00 p.m. in Room 117 (by the gym)

Meeting will include:

- Practice schedule
- Coaches
- Game schedule
- Completion of registration forms, including medical form, so please have insurance and doctor info with you.
- Information regarding Exhibition which will be at the end of the season.
- Discussion of fundraising
- Payment of registration fee
- Registration fee of \$80 may be made through FACTS or online on the school website. The fee covers:
 - Team t-shirt to be used for practice
 - Cheer socks
 - Hair bow
 - Use of poms during the season
 - CYO registration
 - Exhibition registration fee
- Information on shoes will also be given out at this time.
- Please bring any questions.



We look forward to meeting all of you. Feel free to contact either coach with any questions.

Kate Wise
kkwise5@gmail.com

Tracy Richards
tracyfirnbach@yahoo.com



ST. ANTHONY OF PADUA SCHOOL COUGAR CHEERLEADING

STUDENT INFORMATION

Name:

Age:

Teacher:

Grade:

Current address:

City:

State:

ZIP Code:

T-shirt Size: YS YM YL AS AM AL XL XXL

Short Size: YS YM YL AS AM AL XL

PAYMENT OPTION

Charge my \$80 cheerleading fee to my FACTS account _____ (please initial)

Already paid online via CURRENT FAMILIES>Online Forms & Fees>Misc. Forms & Fees

Fees must be paid online, sent into school via kid mail or mailed. Payments are not to go through coaches.

PARENT INFORMATION

Parent's Name:

Parent's address:

City:

State:

Zip Code:

Best phone number (Daytime): __ C __ H __ W

Best phone number (During Eve. Practices):

Parent Email:

Other Parent Email:

Address (if different than previous one):

City:

State:

Zip Code:

Best phone number: __ C __ H __ W

Email:

OTHER EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED)

Name:

Relationship to student:

Phone number

CODE OF CONDUCT FOR ALL PARTICIPANTS

As I consider my participation in NVJCYO, I am asked to reflect on the letters “C” and “Y” in the acronym—and how Catholic youth sports must be different. Each time a youth takes the field, court, track or other venue it *can be* an incredibly productive event. *Whether it actually is productive depends on me...*

... me, as an **athlete**, challenging myself to use all the gifts given by the Lord, the coach, and those who care for me.

... me, as a **coach** or **spectator**, remembering that the game or activity should be about long-term formation in every sense of the word—physical, mental, social and spiritual. What is at stake is nothing less than the mental and spiritual well-being of those who hear my words and see my actions. If I am to set an example at all, I pray it will be a good one.

What I Expect of Myself and Others Expect of Me (All Athletes, Coaches, Spectators must acknowledge and agree to terms in order to participate)

- When my parish hosts, I will welcome parents/players of the other team as we prepare for friendly competition.
- I will represent our parish well by displaying excellent behavior, by being courteous and never using inappropriate language or taunting opponents or teammates or others in games or practices.
- I will cheer my team and applaud the efforts of all, never engaging in negative or unsportsmanlike cheering.
- I will be reverent and respectful when teams are in prayer.
- I will demonstrate good sportsmanship & sincerely congratulate the other team's effort.
- I will remain quiet during free throws.
- I will respect rules established by the league, such as no food or drink or smoking in the gyms and will cooperate in a courteous way with volunteers who are asked to enforce those rules.
- I will not engage in inappropriate physical contact, fighting or inappropriate verbal exchanges.
- I will not approach or engage with any official, timekeeper, or scorekeeper in a confrontational or sarcastic manner.
- I will respect the judgment of officials and abide by the rules of the contest and the facility. Mistakes happen; viewing angles and perspectives are different. I will demonstrate forgiveness, understanding and respect by not disputing the judgment of the officials who were selected to make those calls. If I feel my child's safety is at risk I then have the obligation to ask the coach to remove him/her from the game.
- I understand that no code of conduct can cover all circumstances and expectations and that team, parish, league or diocesan officials have discretion in evaluating behavior and providing correction. Further, I understand that these officials have an affirmative responsibility to those around me and impressionable youth to take disciplinary action, which may include but not be limited to relinquishment of my privileges to participate in parish/NVJCYO activities and/or forfeiture of games by my parish's team.

Additionally for Spectators, Parents, Guardians...

- I will respect the coaches' time and effort and will leave the coaching to them during the games, and focus on how I can make the most of my role in encouraging my player.
- I understand that it is my responsibility as the parent or guardian to ensure that I do not leave my youth at an activity until there are 2 appropriate adults to chaperone him/her.
- I will remain in the bleachers/on the sideline and never enter the field of play or court; I will also stay off the playing surface after the game and will not congregate in the foyers so that the next teams may warm-up and proper egress is maintained.
- I will not allow those under my care to roam free, especially under the bleachers, in the hallways, foyers, restrooms, on the stages, on parish grounds or in parking lots.

Additionally for Coaches...

- When interacting with the officials, I will remember that all eyes and ears are on me as a role model and I will interact with respect and humility.

DURING ONLINE REGISTRATION PLEASE CONFIRM THAT ALL GUARDIANS AND YOUR CHILD HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THIS CODE OF CONDUCT. Your parish or coach may also require you to sign and submit this form.

PARENT NAME: _____ **SIGNATURE:** _____

PERMISSION SLIP

Participant's Name (Please print) _____ Gender _____ Date of Birth _____ Grade _____ Home Phone _____

Address _____ City/State/Zip _____

Parent/Guardian's Name _____ Cell Phone _____ Work Phone _____

Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

Signature of Participant _____ Date _____

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully in _____ (Name of Program or Trip) from _____ (Start Date/Time) to _____ (End Date/Time). I agree to indemnify and hereby release the Most Reverend Paul S. Loverde Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

Emergency Contact: Name _____ Relationship: _____

Phone Number: (H) _____ (W) _____ (C) _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event? _____

Are there any known allergies including any allergies to medicine? _____

Physician and Medical Insurance: Primary Healthcare Provider _____ Phone _____

Insurance Company _____ Policy Number: _____

I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian _____ Date _____