

IMPORTANT: PLEASE READ

The front office will be open for sports clearances on August 5, 2010.
Our office is not responsible for paperwork and checks that are left before August 5th.

ATHLETIC FORMS Check List

Please check to make sure you have the following forms completed & signed by parent and student **before** turning it into the office: **Incomplete forms will be returned.**

- . Athletic Participation Clearance Form (2 sided) Physical **must be dated after July 1st.**
- . Athletic Contract
- . Athletic Participation Emergency Instructions (2 sided)
- . Diocesan Driver Form (with attached copy of driver license, and proof of insurance if driving)
- . Check for \$50 attached to the above forms

You will have less delay if everything is turned in at the same time to the front office.
Be aware that there is a **24-hour turnaround** of the athletic clearance process.
Our office is unable to process the clearances at the last minute.

Important Fall Sport Dates and Information

The following are dates of 1st practice for all fall sports. Winter and spring sport dates will be announced later in the year. **All forms must be on file with the Athletic Director in order to try out for all sports. Report to the Athletic Director before participation in tryouts and receive a clearance form to give to the Coach. Failure to do so will keep you from participating until all forms are complete.**

FOOTBALL

Football practice will begin Monday, August 16, 2010 at 3:00 p.m.

The following items will be issued to you: helmet, shoulder pads, thigh pads, knee pads, hip pads, practice pants, game pants and game jersey. **You must provide the following items:** shoes, socks, trunks, t-shirts, mouthpiece, practice jersey (varsity-royal blue, junior varsity-white). You can purchase these at school from Coach Galloway, or T & B Sporting Goods, 1250 Mendocino Avenue, Santa Rosa. Check with Coach Galloway as to any package deal that T & B may offer.

VOLLEYBALL

All girls interested in playing volleyball this fall, please meet at St. Vincent High School on Monday, August 16, 2010, at 3:00 p.m. in the gym.

BOYS SOCCER

Tryouts will begin August 16, 2010, at 3:00 p.m. at St. Vincent de Paul High School.

GIRLS SOCCER

Tryouts will begin August 16, 2010, at 3:00 p.m. at St. Vincent de Paul High School.

CROSS-COUNTRY

All boys and girls interested in Cross Country, please meet at St. Vincent High School on Monday, August 16, 2010, at 3:00 p.m.

CHEERLEADING SQUAD

The new Cheerleading Squad has already started practicing. Cheerleading Squad members will be attending all home varsity football games, all away varsity games with the exception of any overnight trips, all special championship events and school rallies, among other various events representing the school. In addition, the Cheerleading squad will cheer for basketball boys and girls games, pre-determined by the athletic director and cheer coach.

St. Vincent de Paul High School Athletic Department

Home of the Mustangs

Athletic Director
Principal
[Svhs-pet.org](http://svhs-pet.org)

Sue Keller 707-763-1032 X 134
John Walker 707-763-1032 X 111

TO: All Student Athletes & Parents
FROM: Sue Keller, Athletic Director Skeller@svhs-pet.org
RE: 2010-2011 Mandatory Athletic Participation Clearance Form

A \$50 fee per sport will be required.

COMPLETING YOUR ATHLETIC CLEARANCE

FIRST: Please be aware there is a 24-hour turnaround of the athletic clearance process. After completing your athletic packet, you may attach the \$50 per sport fee and turn it in to the front office at the high School. Please be sure that all items on your athletic clearance are complete. **No Partial packets will be accepted.** This will make the process much less time-consuming and you will not have any delays in getting started with practice. Ms. Keller will have your athletic clearance done by the next day and you may pick it up at the Athletic director's office from Ms. Keller. If your clearance is not completed and a check is attached it will delay your clearance to give to your coach. The sports clearance starts **August 5, 2010** in the Front office.

TO ALL STUDENTS NEW TO S.V.H.S.: If you are entering grades 10, 11, or 12 and wish to compete on any athletic team for St. Vincent High School, you need to see the Athletic Director immediately. The transfer process can be quite timely, so the sooner we get the paperwork going between your previous school and St. Vincent High School, the earlier it will be for you to compete in the sport of your choice.

Please note that the doctor's certification must be completed with the doctor's office stamp and date so that it incorporates the entire school year of 2010-2011. The doctor's signature may be on the clearance form, doctor office stationery, or on a Kaiser form.

It is our hope that this procedure may help to eliminate long lines and interruption in the office during athletic sign ups. Thank you for your cooperation and have a great athletic experience.

CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) RULES OF ELIGIBILITY

In order to be eligible to participate in sports activities at St. Vincent de Paul High School, the student-athlete must:

1. Be currently enrolled in at least 20 semester credits of work and have passed at least 20 semester credits of work at the completion of the last regular school grading period;
2. Have passed and submitted verification to the coach of a physical examination conducted by a licensed physician. The physician examination must be administered after July 1 prior to the school year which they will be participating;
3. Have adequate health and life insurance;
4. Not play on an "outside" team in the same sport while participating in the high school season of the sport. Exception: Soccer when held as a Fall season of sport;
5. Not have reached 19 years of age prior to June 15th;
6. Have reached the age of 15. Varsity football only;
7. Having completed the eighth grade in any school, will be eligible for athletic competition during a maximum period of time that is not to exceed eight (8) consecutive semesters following the initial enrollment in the ninth grade of any school;
8. Be eligible under the CIF transfer rule, which includes a bonafide change of residence by the student's parents or guardian from one school attendance area to another, or because of a Board of Education ruling

within a school district which has two or more high schools. ANY STUDENT WHO MOVES FROM ONE PARENT TO LIVE WITH ANOTHER PARENT OR GUARDIAN MUST REPORT IT TO THE ATHLETIC DIRECTOR;

9. Be eligible under CIF amateur rule;
10. Not have been recruited for the purpose of playing interscholastic athletics;
11. Not have participated in more than four (4) seasons in a sport in four-year high school or three (3) seasons in a sport in a three-year high school;
12. Not have had more than one season of a particular sport during the school year;
13. Not have participated in an all-star competition inconsistent with the CIF Rule 900;
14. Not have been removed from a school because of disciplinary reasons. He/she is ineligible to participate in athletics at the school of transfer.

St. Vincent de Paul High School does not sponsor any competitive athletic teams during the summer prior to the North Coast Section starting date for fall sports. Therefore, the school takes no responsibility or liability for any summer athletic activities.

NOTE: There are exceptions to CIF regulations under certain circumstances. If the student is involved in an unusual situation or desire clarification regarding any eligibility ruling, he/she should contact the Coach, Athletic Director or Principal

St. Vincent de Paul High School Student-Athlete Contract

In keeping with St. Vincent de Paul High School's graduation outcomes this contract has been written. These policies are designed in the interest of promoting the health and safety of all out students. Any breach of these policies could result in serious disciplinary action. Signature of this contract by the student and parent or guardian indicates an understanding of these policies and agreement to adhere to all requirements and stipulations.

PURPOSE

Participation in athletics is a privilege, not a right. The student-athlete must earn this privilege through dedication, desire and discipline. Without pursuit of these ideals, the student-athlete must discipline himself/herself to be a good citizen and student in order to achieve athletic excellence. St. Vincent de Paul believes that true athletic excellence is established and maintained by adherence to these principals. In order for an effective course of action in the pursuit of athletic achievement and character development of young people, the following "Athletic Policies" must be understood and agreed to by the school, the student athlete, and the student-athlete's parents(s) or guardian(s).

ATHLETIC POLICIES

Attendance

All team members of each sport will attend all scheduled practices and meetings. No practice should be missed. If circumstances arise whereby the student cannot attend a practice or meeting, the coach must be notified prior to the practice or meeting through a phone call, personal contact or a written statement from the parent or guardian. Any student-athlete, who cuts practice, fails to appear for a game, failed to make scheduled team or individual meetings may not be allowed to suit up for any game or games for a period of time to be determined by the coach. Any student-athlete, who misses more than two periods of the school day, or past 10:00 am, may not be allowed to practice or play in a game that day. Exceptions to the rule can be granted by the athletic director or Principal. Additionally, any student who does not dress for a scheduled Physical Education class will not be allowed to practice or play.

Excessive absences from team practices, games or meetings may be cause for removal from the team. All student-athletes are required to attend classes regularly. Lack of attendance of classes may result in failure of class work, resulting in loss of eligibility for athletics.

Eligibility

To be eligible for athletics, the student must be in compliance with the North Coast Section (CIF) rules concerning incorrect or illegal enrollment. **The student-athlete must maintain a G.P.A. of 2.00** or be subject to athletic probation ineligibility as outlined in the "St. Vincent de Paul Student Handbook". The student-athlete cannot receive an "F" or "I" (incomplete) in any class or they will be ineligible for participation.

Freshmen Eligibility

To be eligible for fall sports students must have a minimum of a 2.0 G.P.A. from the last grading period of 8th grade.

School Decorum

A student athlete is expected to govern his or her conduct in accordance with the rules and regulations of the "St. Vincent de Paul Student Handbook". This includes adhering to the dress code. Because a student-athlete is constantly in the eye of the public, he/she becomes a representative of the school and is considered to be in a position of leadership. Therefore, the student-athlete's personal appearance not only reflects his/her attitude, but also those whom he/she represents. Repeated lack of adherence to the dress code or any school rules may result in the implementation of the usual school sanctions, one of which is removal from school activities, including athletics. Suspended student-athletes

shall not participate in athletic practice or competition during the period of suspension. A student-athlete who violates any school rule resulting in a suspension from class may lose eligibility for that day and will not be permitted to practice or participate. A student-athlete with repeated disciplinary referrals may lose his/her eligibility. The dean of students and athletic director will council as to determine if eligible.

Sportsmanship

The student-athlete is expected to live up to the standards of sportsmanship established by the school administration and the coaching staff. He/she shall treat opponents the way he/she would like to be treated. The student-athlete is to refrain from making any kind of derogatory remarks to the opponents during the game or "trash talk" in any way. He/she is to respect the integrity and judgment of the game officials. All student-athletes are expected to win with humility, lose with grace and do both with dignity.

Sport Changes

Student-athletes are encouraged to participate in as many sports as they are capable. Tryouts will be conducted when considered necessary by the coach. Cuts are made at the discretion of the coaching staff. The factors that may be considered in the selection are speed, physical condition, knowledge of the game, technical skill, aggressiveness, determination, ability to fit into the team, coachability and dedication.

Once a student-athlete begins a sport, he/she is encouraged not to quit that sport. However, in the first two weeks of the season, if the student-athlete wishes to quit one sport to change to another, they may do so. After the initial two weeks, transfer to another sport cannot occur. In addition, when season of sports overlap, the student-athlete may not tryout or practice the next sport until the current season is over. This includes post season play during the current sport season.

A student athlete may play on two school teams during the same season with permission of both head coaches involved and a minimum G.P.A. for that year of 3.50.

Jobs

The student-athlete shall not obligate himself/herself to a job that in any way interferes with practice time or regular participation time.

Travel

Most travel outside the city limits of Petaluma is provided by individuals over the age of 25 in their private cars. Student-athletes are allowed to drive themselves within the city of Petaluma. AT NO TIME IS A STUDENT-ATHLETE TO DRIVE THEMSELVES OR ANY OTHER STUDENT-ATHLETE TO ATHLETIC CONTESTS OUTSIDE THE CITY LIMIT OF PETALUMA, unless they live in the town of the high school that is hosting the game. Should there be inadequate car pools to transport the entire team, then each coach will decide which student-athletes will be allowed to attend.

A student-athlete may ride home with his/her own parent/guardian after informing the coach and original carpool driver. Athletes are not allowed to leave a playing site unless accompanied by a coach or own parent/guardian, or carpool driver.

Equipment and Fees

Student-athletes are financially responsible for all equipment and uniforms issued by the school. Student-athletes must pay all bills for lost or stolen materials prior to receiving the final exam permit for the semester.

St. Vincent de Paul High School Student-Athlete Contract

Acknowledgements

This contract is entered into between _____ student-athlete and St. Vincent de Paul High School.

We the undersigned, student-athlete and parent(s)/guardian(s) acknowledge that we have read and understood the policies set forth by St. Vincent de Paul High School in the student-athlete contract, a copy of which has been given to us.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student-athlete Signature

Date

ATHLETIC DEPARTMENT TRAINING RULES CONCERNING DRUG AND ALCOHOL

St. Vincent de Paul High School Athletic Department has adopted the following rules concerning drug, alcohol, and steroid use by a student-athlete who participates on a team at St. Vincent de Paul High School. Due to the harmful effect upon health of the individual, all student-athletes will refrain from the use of controlled substances including alcoholic beverages and steroids both on and off campus.

Consequences for drug, steroid or alcohol use, **whether on or off campus**, as described under the rules of conduct as stated in the St. Vincent de Paul Student Handbook. However, for student-athletes, because they are in a leadership role, there are additional stipulations made.

1. The school's interest and jurisdiction concerning student-athletes who use alcohol, steroids, and/or drugs extends to incidents where no other organization has jurisdiction (i.e. Church sponsored events, Boy Scouts, 4-H etc.) St. Vincent's jurisdiction will apply to those events that occur during or following a school-sponsored event or where law is involved.
2. By signing this document, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use an organic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. It is also recognized that under CIF Bylaw 200D, there could be penalties for false fraudulent information. It is also understood that the St. Vincent de Paul policy regarding the use of illegal drugs and alcohol will be enforced for any violation of these rules.
3. For direct violation of this policy, student-athletes will serve an ATHLETIC SUSPENSION FOR THE REMAINDER OF THE SEASON OF THE SPORT, which shall include league and/or playoff competition. Further disciplinary sanctions may be imposed by the principal or Board of Discipline.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student-athlete Signature

Date

Blank Intentionally

Athletes Last Name: _____

St. Vincent de Paul High School
ATHLETIC PARTICIPATION CLEARANCE FORM

There is a **\$50 fee for each sport**. Please make check payable to: St. Vincent High School (SVHS).

Have you attended any other high school other than SVHS? Yes No School _____ GPA of last grading period _____

e. Parental Permission: I/We consent to the following:

e. _____ has my permission to participate in the following sports:
(PLEASE PRINT STUDENT NAME)

For Office Use Only:	Do Not Check Sport					
Football	Volleyball	Golf	Tennis	Cross Country	Soccer	Cheerleading
Basketball	Track	Softball	Baseball	Swimming		

B. I/We have read and understand all the information on this form and the **Athletic Contract** for Student Athletics.

C. I/We have read and understand all the information on the **Personal Health Practices and Insurance Form**.

D. I/We have read and understand all the information on **Training Rules Concerning Drug and Alcohol**.

Grade Level: _____ Date of Birth: _____ Male Female

Print Parent Name _____

Address: _____
(Street) (City) (Zip)

Phone: Mother (h) _____ (w) _____ Father (h) _____ (w) _____

Mother Cell Phone _____ Father Cell Phone _____

e. In case of injury/emergency (when parent/guardian is not available) notify:

Name: _____ Phone _____

3. Doctor's Certification: Must be dated after July 1.

(Chiropractic physicals are not accepted)

This certifies that the above named student is physically able to participate in all interscholastic athletics during the coming school year, except for those listed below:

Exceptions _____ **Dr. Office Stamp for verification:**

Physician's Name (please print) _____ Phone _____

Physician's Signature _____ Date _____

4. Insurance Certification:

This certifies the above name student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year. MANDATORY The Diocese of Santa Rosa has an additional policy that may be purchased if the parent or guardian wishes to do so. An optional football policy will be available during football season.

Insurance Carrier _____ Policy# _____

See Other Side

St. Vincent High School Athletic Contract: I have read the SVHS Athletic Code of Conduct and forms listed above. I understand what is expected of me as an athlete. I Will:

- . Show respect for teammates, coaches, opponents, officials, and myself
- . Use no foul language, trash talk, negative gestures or actions to provoke a negative response or fighting
- . Be in attendance at school a minimum of two (2) periods each day before I will be allowed to practice or play in a contest
- . Maintain a minimum of 2.0 G.P.A., be enrolled in a minimum of four (4) classes, and pass four (4) classes. An F in any class is termination of athletic eligibility.

ALL ABOVE IS ACCURATE AND AGREED UPON:

Acknowledged by _____
Student Signature Date

Parent Signature Print Parent Name Date

**VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT
AND ASSUMPTION OF POTENTIAL RISK**

(Print name) _____ wishes to participate in the St. Vincent High School athletic program. I understand and acknowledge that these activities by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illness which may result from participating in these activities include but are not limited to the following: Sprains/Strains, Fractured bones, Unconsciousness, Head and/or back injury, Paralysis, Loss of eyesight, Communicable diseases, and Death.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the School

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the School, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or in association with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK INFORMATION and that I understand and agree to its terms.

Parent Signature Print Parent Name Date

Student Signature Print Name Date

See Other Side

Student's Grade: _____

Sport: _____

ST. VINCENT HIGH SCHOOL
ATHLETIC PARTICIPATION EMERGENCY INSTRUCTIONS

Student Name _____ (_____)
Please Print: (Last Name) (First Name) (Middle Initial) Birthday

_____ M F
Address City Zip Code

In case of illness or accident to the student named above; the school is authorized to proceed as indicated below.
Number each item 1,2,3,4 in order of desired action.

____ Contact Mother _____ Phone _____
Name

Mother's Cell _____

____ Contact Father _____ Phone _____
Name

Father's Cell _____

____ Contact Doctor _____ Phone _____
Name

____ Contact Relative _____ Phone _____
or Neighbor Name

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems it necessary. I will accept the judgment of the person in charge. This permit is effective until a written notice of cancellation is given to me.

Health Insurance Carrier _____ Insurance Number _____

Parent / Guardian Signature

Date

e-mail address for parent (print clearly)

e-mail address for student (print clearly)

**Your student will be given this copy to give to the coach
after paperwork is cleared and this copy is stamped.**

See other side

St. Vincent High School

Health Inventory

Dear Parent;

In order to provide the best educational program for your child, the school would appreciate your providing the following health information.

Please check which of the following conditions your child has had, and give his/her age at the time of the illness and whether he/she is still under care of a physician for this condition.

Condition	Approx. Age	Under Care of Physician
____ 1 Allergies (Bee Sting, Hay fever, Food, Other)	_____	_____
____ 2 Asthma	_____	_____
____ 3 Heart Condition	_____	_____
____ 4 Diabetes	_____	_____
____ 5 Kidney Disease	_____	_____
____ 6 Epilepsy: Petit Mal ____ Grand Mal ____	_____	_____
____ 7 Frequent/Severe Headache ____ Fainting ____	_____	_____
____ 8 Any Speech ____ Hearing ____ Vision ____ Problem ____	_____	_____

Is there any other physical condition about which the school should be aware? _____

Is physical activity limited? Yes _____ No _____

If yes, is there a physician's statement on file with the school? Yes _____ No _____

Does your child have any condition which could be a school emergency? _____

Is your child presently taking any medicine prescribed by the physician? (Explain) _____

Name of Medicine _____

Time of day medicine is taken _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

Informed Consent

If you have restrictions as to whom your child can ride with, please stipulate below the name of the parent with whom your student-athlete may only drive with for a sporting event. If any team parent may transport your student, please stipulate by indicating any parent in the Name of Driver line.

I know and give approval for my student athlete _____ to
Name of student athlete

Travel with _____, on the _____
Name of driver Date

For the purpose of _____,
Event Parent/guardian signature

If a parent of student-athlete becomes a driver, student-athlete must inform coach of the change. This form does not need to be submitted if the above named student-athlete's parent is driving.

See Other Side

DIOCESE OF SANTA ROSA VOLUNTEER DRIVER FORM

THANK YOU for volunteering to drive others for our school sponsored activities.

This form MUST be turned in with athletic forms for sports clearance.

If you check yes to drive, this form, **along with a copy of your driver's license and proof of auto insurance policy showing the minimum coverage stated below, MUST** be turned in before athletic passes will be issued.

Please check no if you do not plan to drive. No additional information is needed.

TRIP INFORMATION

***Dates can be for a specific trip, or for the whole school year if specified.

Date of Trip _____ Entity _____

Purpose of Trip _____ From _____ To _____

DRIVER AND VEHICLE INFORMATION

Name of Driver _____

Vehicle _____

Year/Make/Model/Color _____ Lic# _____ St. _____

Please respond to each item with a **yes** or **no** answer.

YES/NO

_____ I plan to drive at some time during this school year. If NO, no further information is needed.

_____ I am 25 years of age or older.

_____ I have been driving in the United States with a valid driver's license for 5 years or more.

_____ I have no physical or mental condition which would affect my ability to safely drive a vehicle.

_____ I have no moving violations or at-fault accidents in the past 3 years.

_____ I am not on currently on parole or probation.

_____ I own or lease the vehicle I will be driving for this trip.

_____ I have primary insurance on my vehicle with minimum coverage of : **\$100,000 bodily injury per person**
\$300,000 bodily injury per accident **\$50,000 property damage per accident**

_____ I understand that, in the event of an accident while on a school related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

_____ My vehicle is designed to carry 10 or fewer occupants.

_____ My vehicle is in good running condition.

_____ My vehicle has a seat belt available for each occupant and seat belts will be used by every occupant and child restraints as required by law.

_____ No child 12 years of age or younger will ride in the front seat.

_____ There will be no smoking and no alcohol in the vehicle during this trip.

_____ There will be no consumption of alcohol before during or after this trip.

_____ I will not make detours or additional errands or destinations a part of this trip.

Signed _____ Date _____

Reviewed for completeness by administrator or designee:

Signed _____ Date _____