

Dear Player,

Congratulations on your selection to be part of the **St. Rita Cheer Squad**. Please read the information below, and share with your parents.

- (1) The Athletic fee will be between \$50-\$75 per player, per team.** We will be finalizing the fee within the next week and will communicate out what's included and if there are any additional fees for apparel. The final fee will be automatically added to your SMART Tuition account in January 2018
- (2) The Uniform fee is \$50 for the entire school year.** This fee will **only** go on your SMART Tuition account if the uniform is **NOT** returned at the end of the season. Complete and return the attached Uniform Policy.
- (3) Complete and return the attached Player and Parent Contract.** *If you have a form on file from another sport for the 2017/2018 school years, it is not necessary to complete it again.*
- (4) Please complete the attached Medical Authorization Form, and have signed by your physician.** *If you have a Medical Authorization Form on file for the 2017/2018 sports season already, it is not necessary for you to have a second one completed. This form must be returned within 10 days of from the first practice, or the athlete will not be permitted to play.*
- (5) Please complete the Emergency Contact Form.** This will be on file with your coach, and needs to be filled out for each team that you play on.

We look forward to a fun and exciting season. Thank you for your prompt return of all paperwork.

Sincerely,

David Mele  
Athletic Director, St Rita School  
203-215-0479  
[athletics.stritaschool@gmail.com](mailto:athletics.stritaschool@gmail.com)

## **St. Rita School**

### **Athletic Uniform Policy**

- A uniform will be issued to each player upon return of all required paperwork. If you have a current uniform policy on file from another sport for the 2017-2018 school year, it is **not** necessary to fill this out again.
- Uniforms must be returned **clean** within **1 week** of the last game.
- If the uniform is not returned within 1 week, then a **\$50.00 fee** will be added on to your SMART Tuition account.
- Please sign the form below.

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Player Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Parent Name: \_\_\_\_\_

I have read the St. Rita Athletic Uniform policy, and agree to the terms and conditions.

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**St. Rita School**  
**Athletic Department**  
**Student Athlete Contract**

**Please read with your parents, and sign.**

1. I understand that my primary responsibility is to my academics, and that I must keep my grades within the required guidelines to be eligible for sports. If at any time I am deemed ineligible to participate by school administration, I will not be permitted to participate in practices or games.
2. Any concerns during the athletic season, that a player has, should be addressed with the coach after 24 hours of the incident occurring, **BY THE STUDENT ATHLETE**. This gives the coaches and players time to "cool off" before discussing an issue. If a follow up is needed, the athletic director will intervene at that time with the player and coach present. Only after this sequence, if there is no resolution, will the school administration get involved.
3. If there is a situation where a coach has to address a player about attitude or any other discipline issue, a written notice will be completed by the coach, signed by the athletic director, and kept on file for that student athlete. School administration will be notified of the incident.
4. I understand that unexcused absences from scheduled or rescheduled athletic contests and practices will not be tolerated. It is imperative that you contact your coach if you need to miss a game or practice. Continued absences will result in affected playing time.
5. I understand that part of my responsibility, as student athlete is being mature enough to communicate with my coach. I understand that it is my responsibility to contact the coach, **NOT MY PARENT'S**, in the event that I am unable to attend a game or practice.
6. I will be supportive and respectful of coaches, other teammates, officials and parents. I understand that being part of a team requires me to volunteer my time during the entire season, for instance, during the basketball tournament.
7. I understand that I am a very visible representative of St. Rita School and as such I will, at all times, exhibit the ethics, values and Christian attitudes of St Rita School on and off the field.
8. I am responsible for the uniform and equipment that I am provided. Uniforms should be returned in a timely manner cleaned. If a uniform is not returned within the time specified following a sport, I agree to pay the replacement cost.
9. If a player is hurt during the season and has to miss practices or games due to that injury, a note from the parent stating that the student athlete is cleared is required to return. If you are able to attend games and practices for observation during that injury, it is important to do so. You are part of a team.

**Parent Signature**

**Student Signature**

**Date:** \_\_\_\_\_

**St. Rita School  
1601 Whitney Ave.  
Hamden, CT 06517**

**Medical Authorization Form**

I hereby give \_\_\_\_\_ permission to participate in the following sports during the \_\_\_\_\_ academic year.

**Check those areas which apply to your child:**

All Sports \_\_\_\_\_

Baseball \_\_\_\_\_ Cheerleading \_\_\_\_\_ Softball \_\_\_\_\_

Basketball \_\_\_\_\_ Soccer \_\_\_\_\_

**Please provide information on the following:**

Allergies Yes \_\_\_\_\_ No \_\_\_\_\_

Medication and/or treatment: Yes \_\_\_\_\_ No \_\_\_\_\_

Please List: \_\_\_\_\_

Do you have any health concerns? \_\_\_\_\_

I understand that it is my responsibility to report to the School Nurse and the Coach for any and all medical or social conditions, which may affect the well being of the above-designated athlete.

Date \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

**To be completed by Physician:**

\_\_\_\_\_ is cleared medically to participate in extra curricular sports for the **2017-2018** school year.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**St. Rita School**  
**1601 Whitney Ave.**  
**Hamden, CT 06517**

### **Emergency Contact Form**

To be completed by a parent or guardian. This form will be held by the coach.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Father or Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Mother or Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (other than parents):

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Statement of Parents/Guardians and Athletes**

The above named student has my permission to participate in organized athletics realizing that such activity involves the potential for injury, which is inherent for all sports. I acknowledge that even with the best coaching and supervision, injuries are still a possibility.

I will assume all responsibility for any medical expenses that may occur as a result of my child's participation in the St. Rita Athletic programs. I authorize the coach to act for me in any emergency requiring medical attention, including transport by EMS personnel to the hospital in the event of an injury/emergency during team practice or games. I certify that the coach is in no way liable for any injuries, which may be incurred.

Parent's signature

Student's signature

Date: \_\_\_\_\_