



### Statement of Philosophy

The primary purpose of the school is education. The participation in athletics is a privilege for those students that are in good academic and disciplinary standing.

### Code of Conduct

1. Athletic events shall be conducted in accordance with the policies, rules, and regulations of the South Carolina Independent School Association (SCISA).
2. Participants, spectators, and coaches shall at all times conduct themselves in a reasonable and sportsmanlike manner.
3. The use or display of alcohol, tobacco, or any unauthorized drug is prohibited.
4. The use of any foul, abusive, or profane language is strictly prohibited.
5. It is absolutely prohibited to detain an official following a contest to request an explanation of actions taken during a game or contest.

### Warning of Inherent Risk

Participation in athletics includes the risk of injury, which may range in severity from minor, to disabling, to death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report and document physical problems and or restrictions, follow proper guidelines for safe play, and inspect their own equipment.

### Summary of Eligibility Rules

1. A student has eight (8) consecutive semesters of eligibility from the time they first enter ninth grade in a public, Christian, home school, or an independent school.
2. A student must take and pass at least four (4) one-unit courses or their equivalent each grading period to be eligible.
3. A student must be in grade six (6) or above in order to participate.
4. A student must not have transferred as a result of recruiting or undo influence.
5. A student must enroll during the first ten (10) days of the school year, or must wait sixty (60) days to become eligible. This requirement will be waived for a bona fide change in residence or if the student transfers from a non-member school.
6. In order to participate in Junior Varsity sports, a student must not have reached their sixteenth (16) birthday before September 1 of the current school year.
7. A student is ineligible for Varsity sports if the student's nineteenth (19) birthday is prior to September 1 of the current school year.

### TO BE COMPLETED BY THE PARENTS OR LEGAL GUARDIAN

This is to certify that \_\_\_\_\_ has my permission to participate in the sports indicated below:

Basketball	Cross Country	Track and Field	Golf	Football	Other _____
Cheerleading	Track and Field	Girls Softball	Soccer	Volleyball	Other _____

Sports programs will be offered based upon student interest, facilities availability, and budget considerations. This form is to be considered a binding contract. The student named in this document may only participate for Cathedral Academy.

### PARTICIPANT AND PARENT OR LEGAL GUARDIAN PERMISSION

We have read and do understand the Statement of Philosophy, Code of Conduct, Warning of Inherent Risk, and the Summary of Eligibility Rules. SCISA may examine the school records to verify student eligibility. For and in consideration of my child being allowed to participate in recreational or athletic activities, the undersigned hereby grant my child permission to so participate and hereby release and discharge Cathedral Academy and its agents.

Parent or Legal Guardian Signature

Date

Student Signature

Date



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Person to notify for an emergency \_\_\_\_\_

Emergency contact telephone number \_\_\_\_\_ Cell phone \_\_\_\_\_

Pediatrician \_\_\_\_\_ Telephone number \_\_\_\_\_

Preferred hospital \_\_\_\_\_

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN: PLEASE CHECK YES OR NO AND GIVE A BRIEF HISTORY

YES	NO	
		1. Heart murmur, high blood pressure, extra heart beats, abnormal heart rate, heart abnormality
		2. The need to use medication (please list):
		3. Concussion or history of passing out:
		4. Allergies to medications:
		5. Allergies to foods:
		6. Any illness, condition or injury lasting longer than a week:
		7. Hospitalization or surgery: When and why:
		8. Dental appliances:
		9. Contacts, glasses, ophthalmic laser surgery:
		10. Need to stop running around a ¼ mile track twice or more:
		11. Any illness that caused you to miss a game or practice:
		12. Congenital absence or loss of one organ (eye, ear...)
		13. Headaches (frequency):
		14. Asthma (cause, duration, treatment):
		15. Seizures, epilepsy (cause, duration, treatment):
		16. Neck or spine injury:
		17. Broken bones (when, what bones):
		18. Sprains, dislocations:
		19. Date of last tetanus shot
		20. Did your grandparents, parents, brothers, or sisters, under the age of 50, have heart problems?
		21. Females: Have you had a menstrual period in the last six months?
		22. Females: Do menstrual cramps keep you from regular activities?

Additional Notes: \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN PERMISSION FOR CHILD TO PARTICIPATE IN ATHLETICS

As the parent or legal guardian of \_\_\_\_\_, I give my consent for their participation in athletics and the evaluation for that participation. I do not hold the school responsible in any way. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history provided is complete and accurate to the best of my knowledge. I understand that drug testing is mandatory for athletic participation.

Parent or Legal Guardian Signature

Date



# Cathedral Academy

## South Carolina Independent School Association 2010-2011 Physician's Medical Assessment

Please complete both sides of this form. The parent or legal guardian must complete Section A prior to the completion of Section B by the attending physician. The Athletic Physical and Health Assessment forms must be turned in to the athletic office prior to student participation in try-outs, practice, and/or competition. Failure to do so may result in a denial for the student to participate in the athletic program of Cathedral Academy.

**SECTION A: STUDENT INFORMATION (PLEASE PRINT)**

Name _____	Sport(s) played _____
Home phone _____	Male ____ Female ____ Birthdate _____
Address _____	2010-2011 School year grade _____
Mother's name _____	City, State, Zip _____
Father's name _____	Mother's work phone _____
	Father's work phone _____

Please check YES or NO for each of the following items:

YES	NO	ITEM
		1. Family members under 50 years of age with a history of heart attack, abnormalities, problems
		2. Medication currently being taken:
		3. Medical conditions currently under treatment:
		4. Allergies to food, drugs, clothing, perfumes, animals, insects:
		5. Illness, injury, condition that caused emergency room visit, overnight hospital stay, x-rays:
		6. Illness, injury, condition that caused you to see a doctor, surgeon, required an operation:
		7. Illness, injury, condition that caused you to miss practice(s) and/or game(s):
		8. Congenital abnormalities (birth deformities such as one kidney, one eye):
		9. Permanent deformity or disability:
		10. Mental disorders, seizure disorders, epilepsy:
		11. Fractures, sprains, strains:
		12. Concussion, syncopal episode (passing out), or knocked out:

**SECTION B: PHYSICAL ADMINISTERED AND SIGNED BY A LICENSED MEDICAL PHYSICIAN (PLEASE PRINT)**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

Integument: \_\_\_\_\_ Eyes/vision: \_\_\_\_\_

Ears, nose, throat: \_\_\_\_\_

Cardiac, rhythm, murmurs: \_\_\_\_\_ Lungs: \_\_\_\_\_

Abdominal exam: \_\_\_\_\_ Spine: \_\_\_\_\_

Upper extremity left: \_\_\_\_\_ Upper extremity right: \_\_\_\_\_

Lower extremity left: \_\_\_\_\_ Lower extremity right: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug test administered: \_\_\_\_\_ Results: \_\_\_\_\_

Physician's Disposition:

Cleared for practice and/or competition: \_\_\_\_\_

Requirements: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Physician's notes: \_\_\_\_\_

Physician's name (please print): \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

**SECTION C: TRANSPORTATION PERMISSION FOR ATHLETIC EVENTS**

Please initial as many items that apply to your child:

**Adult Driven Transportation** (Subject to approval by Cathedral Academy administration)

- I grant permission for my child to ride in transportation provided by Cathedral Academy
- I grant permission for my child to ride with Cathedral Academy approved parent chaperones.
- I am willing to chaperone Cathedral Academy athletic events.

**SECTION D: AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS**

It is the policy of Cathedral Academy that all athletes must be covered by their family medical insurance in order to participate in the athletic program of Cathedral Academy. Should your child need medical, dental, health, or hospital services, you, as a parent, must give that permission. It is the law. This is a legal document. With it, you may appoint a relative, friends, teachers, coaches, or anyone you deem worthy that is over 18 years of age, to be responsible for your child in your absence.

Please complete this form carefully and completely. Once completed and signed, this document, including the physician's medical examination shall be valid for one calendar year or August 1, 2011, whichever comes first. This document must be current for each school year. Have your signature witnessed by an adult other than the person you are making responsible for your child.

<b>NAME OF MINOR</b>		<b>BIRTH DATE</b>		<b>IDENTIFY ALLERGIES OR SPECIAL CONDITIONS</b>			
I/We being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint: (yourself or friend of the family)							
NAME:		ADDRESS		PHONE			
CA COACHING PERSONNEL Coaching Staff and Athletic Trainer		ADDRESS 3790 Ashley Phosphate Rd.		PHONE (843) 760-1192			
To act in my/our behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for the above named minor during the period of my/our absence, from:							
MONTH	DAY	YEAR	Through	MONTH	DAY	YEAR	
June	1	2010		August	1	2011	
This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care, or hospitalization may be required.							
<b>PARENT/GUARDIAN</b>				<b>PARENT GUARDIAN</b>			
SIGNATURE				SIGNATURE			
ADDRESS		DATE		ADDRESS		DATE	
<b>WITNESS</b>				<b>WITNESS</b>			
SIGNATURE				SIGNATURE			
ADDRESS		DATE		ADDRESS		DATE	
Hospitalization coverage for above named minor: (all athletes MUST have medical insurance to participate in the Athletic Program at Cathedral Academy)							
INSURANCE COMPANY				I.D. OR GROUP NUMBER			
NAME OF INSURED				SS# OF INSURED			
DATE				ATHLETE SS #			
<b>FAMILY PHYSICIAN:</b>							
NAME AND PHONE NUMBER				ADDRESS			

The parent or legal guardian set forth in this form does hereby agree to hold harmless the person appointed and physicians providing treatment from and against any and all loss, cost, damage, or expense of any kind arising out of or in connection with that person's or physicians' acting in reliance upon the authorization set forth herein, with the exception of actions which amount to gross negligence. The physician shall not be relieved on the basis of this authorization from liability for negligence in the diagnosis and treatment of a minor.