

School Year: Fall 2019  
Sport: Soccer  
Fee 75.00  
Optional Sweatshirt +25.00

**POPE FRANCIS GLOBAL ACADEMY ATHLETIC REGISTRATION AND RELEASE FORM**

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardians(s) Name \_\_\_\_\_

Uniform Top Size    Adult Or Youth    XSmall    Small    Medium    Large    XL

Uniform Shorts Size Adult Or Youth    XSmall    Small    Medium    Large    XL

**Optional** Sweatshirt Adult Or Youth    Small    Medium    Large    XL    XXL

Sweatshirts are an additional 25.00

**PARENT RELEASE FORM**

In consideration of your accepting this entry I (player's name) \_\_\_\_\_ do hereby, for heirs, my executors, administrators, and myself waive release, and forever discharge any and all rights and claims for damages which I may have accrued to me against the Pope Francis Global Academy Program and their representative (coaches, adults, aides, etc.) and/or assigns for any and all damages which may be sustained and suffered by me in connection with my said associations with or entry and/or arising out of my traveling to, or participating in and returning from said athletic event, game, practice, etc. Participant is fully covered with parent's or legal guardian's hospital insurance. It is also understood that monetary compensation will be paid to Pope Francis Global Academy Athletic Board for any supplied equipment not returned at the end of said season by the player or their parents or guardians, (excluding non-reusable equipment). I/We, also, accept full responsibility for notifying the proper coach or moderator of any pertinent medical conditions that may have an effect on the above named child's ability to participate in an organized sport.

Since the applicant is under the age of twenty-one years, the applicants mother or father, if living or his/her legally appointed guardian must sign this application. In the event of an injury, if neither parent/guardian can be contacted, I authorize the coaching staff to take any emergency action as may be deemed necessary. I hereby consent to the foregoing.

Player's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Mother's First Name \_\_\_\_\_

Father's First Name \_\_\_\_\_

Date \_\_\_\_\_

# **POPE FRANCIS GLOBAL ACADEMY ATHLETIC AGREEMENT**

Both the athlete and a parent/guardian must read carefully and sign.

As a member of the athletic program at Pope Francis Global Academy, you will be expected to observe the following guidelines:

1. You are expected to conduct yourself, on and off the court, in a manner that reflects positively on you, your parents and the athletic program here at Pope Francis Global Academy (Court and/or Field.)
2. You are expected to meet the scholarship eligibility requirements established by Pope Francis Global Academy.
3. You are expected to attend all scheduled practices and games unless your coach personally excuses you.
4. You are expected to abstain from the use and consumption of tobacco, alcohol and all controlled substances.
5. A student may be placed on probation and/or removed from participation in any school-related activities, including extra curricular activities, for behavioral problems.

Failure to abide by the above guidelines will result in disciplinary action, which include suspension and may result in premature termination from the athletic program for the duration of the season.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the Pope Francis Global Academy Athletic Program.

Parent/Guardian Signature: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

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

## Concussion Information Sheet

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |  |
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| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**City Suburban Catholic Conference  
2019 Co-Ed Soccer Program Eyeglass Waiver**

Players who wear corrective eyeglasses that are not approved sports glasses must have a simple waiver available at each game. Players without such a waiver will not be allowed to play while wearing glasses. **In all cases, glasses must be secured to the player's head with a restraining strap.**

**Eyeglass Waiver**

I, (parent name)\_\_\_\_\_ give my child permission to wear corrective eyeglasses while playing soccer. I assume all responsibility, risk and liability associated with the wearer of glasses.

TEAM: Pope Francis Global Academy Wolves

Player's Name\_\_\_\_\_

Parent's Signature\_\_\_\_\_

Date\_\_\_\_\_

Adult				
	S	M	L	XL
Chest	34"-36"	38"-40"	42"-44"	46"-48"
Waist	28"-30"	32"-34"	36"-38"	40"-42"

Youth					
	XS	S	M	L	XL
Chest	24"-26"	26"-28"	28"-30"	30"-32"	32"-34"
Waist	21"-23"	23"-25"	25"-27"	27"-29"	29"-31"

Note: The measurements listed in the above charts are body measurements in inches, not garment measurements. If body measurements are on the borderline between two sizes, order smaller size for tighter fit or the larger size for looser fit.

