

2011-2012 MGC Athletics Sign-up Packet

MGC Athletics Website <http://www.mgcp parish.org/School/Athletics>

MGC Athletic Board

Title	Name	Phone	email
Athletic Director	Mike Turner	(414) 243-2126	mrturtermilw@yahoo.com
Treasurer	Barb Berthold	(414) 607-9790	berthold@mgcp parish.org
Secretary	Tracey Carey	(414) 899-1655	topcatcarey@gmail.com
Gym Coordinator	Nick Puls	(414) 708-4247	ndpuls@yahoo.com
Soccer Coordinators	Elizabeth Turner Maureen Gleesing	(414) 350-6990 (414) 873-3476	elizabeth.rog@yahoo.com pastorma2002@yahoo.com
Volleyball Coordinator			
Basketball Coordinator	Tim Dwyer	(414) 651-8849	tim@gfgwisconsin.com
Softball Coordinator	Tracey Carey	(414) 899-1655	topcatcarey@gmail.com
CYM Coordinator	Teresa Mortell	(414) 258-7030	mortell@mgcp parish.org
Uniforms	Josey Myles	(414) 236-5019	jmmyles@att.net

Permission/Sportsmanship Forms

- **One permission form per student for all sports** must be completed. Check the boxes for all the sports your child will participate in.
- Parents need to sign the Permission Form and Liability Release, Parent Commitment Policy and Student-Athlete Sportsmanship Pledge forms and return to the athletic director (via MGC School).
- Students must sign and return the Student-Athlete Sportsmanship Pledge along with their parents.
- All students **must have a complete set of forms turned in** along with athletic fees to the athletic director before they can participate in practices or games. **Do not turn in forms or athletic fees to coaches.**

Health Forms

- **All students for all grades must have an up-to-date health form signed by their doctor** before they can participate in practices and games.

Fees

Grades K5-4 th (per Student)	Due June 10 th
1 Sport	\$35.00
2 or more Sports	\$55.00

Grades 5 th -8 th (per Student)	Due June 10 th
1 Sport	\$40.00
2 or more Sports	\$75.00

Financial Assistance

Financial assistance is available. Financial arrangements **must be made prior to June 10th**. Contact the school principal Regina Shaw (414-442-7600 Ext. 119 or shaw@mgcp parish.org). **You must have completed the sign-up forms prior to contacting Mrs. Shaw.**

**MOTHER OF GOOD COUNSEL ATHLETIC ASSOCIATION
PERMISSION FORM AND LIABILITY RELEASE**

Sport (Check ALL): Fall Soccer Volleyball Basketball Girls Softball Spring Soccer

Participant's Name: _____ Birth Date: _____ Grade Entering: _____ Gender: _____

Address: _____ City _____ Zip _____

Email: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

1) Parent/Legal Guardian: _____ Phone: _____

2) Parent/Legal Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Physician Preferred Hospital: _____ Phone: _____

Insurance Carrier: _____ Policy No.: _____ Group No.: _____

I have read and understand the contents of the MGC Athletics Student/Parent Handbook. My child/ward, my family and I agree to follow all the rules and regulations of MGC Athletics, including, but not limited to, the rules concerning good sportsmanship and conduct toward players, coaches, officials and fans. I understand that violation of the rules by my child/ward, my family or myself at practice, games or other athletic events, home or away may be grounds for removal and/or banning of the offending party from the practice, game and/or facility at the discretion of the Athletic Director, sport Coordinator, Gym Coordinator, officials or coach.

SUBJECT TO THE ABOVE AND TO THE FOLLOWING REPRESENTATIONS, PROMISES AND RELEASE OF LIABILITY:

I hereby give my permission for the above-named participant to practice and compete in Mother of Good Counsel (MGC) sports and, as parent or legal guardian; I agree to be financially responsible for the safe return of all athletic equipment issued to the participant. I agree to pay the required athletic fees and perform the required service hours. I understand that my child/ward may be suspended from athletics for noncompliance of these requirements. I represent that my child/ward has had a physical examination by a physician within the last two (2) years and has no physical/mental limitations whatsoever that would prevent the child from fully participating in the above sport. I agree to immediately notify the MGC Athletic Director and coach in writing if any healthcare provider, anyone in the child's family or myself feels that the child's activities should be limited in any way.

I grant permission to the coach to provide immediate emergency care or secure ambulance service, in the case of illness or injury that may occur during practice or competition. I realize that there is a risk of being injured that is inherent in all sports. I realize the risk of injury may be severe, including the risk of fractures, paralysis or even death. I realize that the MGC Athletic Association's policy requires that all participants be covered by health and personal injury insurance. I hereby certify that my child/ward is so covered. It is the responsibility of the parent or legal guardian to notify the Athletic Association if there is any change resulting in discontinuance, limitation or dropping of insurance coverage.

The undersigned certifies that all information given above is correct. Furthermore, the undersigned does hereby release and forever discharge on behalf of the participant and the undersigned, including the participant's parents and guardians, any and all claims of negligence that may be asserted against MGC Parish, School, Athletic Association, the Milwaukee Archdiocese, any league association and each such entity's board members, volunteers, agents, coaches, supervisors and commissioners from damages and/or injuries to the above-named participant which may arise from their participation in the MGC athletic programs.

 Parent/Legal Guardian _____
 Date

 Parent/Legal Guardian _____
 Date

**ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION
FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC
ATHLETICS - BOYS AND GIRLS**

*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name: _____

Last

Middle Initial

First

Place of Birth (City, St) _____ Age: _____ Sex _____

Date of Birth _____ Weight _____ Height _____

Grade _____ School _____ City _____

The above named student has been examined and there are no apparent restrictions to participating in interscholastic athletic activities except as follows:

Sports or school activities in which this student cannot participate are (if none - write NONE):

If approved for only one year of competition, check here

Name of licensed Physician or Surgeon

(Print or Type)

Signature _____

Address _____

City and State _____

Telephone _____ **Date of examination** _____

All boys and girls participating in interscholastic athletics must have this form on file at their school parish, prior to practice or participation.

Mother of Good Counsel

Parent Commitment Policy

All families with one or more children that are participating in any MGC athletics during the course of a school year are required to work a total of four (4) hours per participant in the gym during the volleyball and/or basketball season. (This includes athletes in K5-8) You may send any adult family member (18 years or older) to serve the time commitment.

The work shifts will be two (2) two-hour shifts. Time commitments made by coaches and athletic board members fulfill their obligation.

This is an opportunity to demonstrate your commitment to your children and your school. Please consider your participation as part of your child's learning experience.

Example:

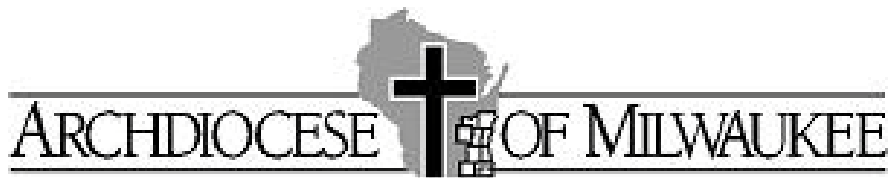
- 1 child = 4 hours of service per family
- 2 children = 8 hours of service per family
- 3 or more children = 12 hours of service per family

A schedule will become available once the gym schedules have been made.

I understand that failure to comply with this policy will result in suspension of my child(ren) from athletics until the commitment policy is fulfilled.

Parent/Guardian Signature: _____ *Date:* _____

Children's
Names:



Archdiocese of Milwaukee
Student-Athlete
Sportsmanship Pledge

Sports-man-ship – n. conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

Student-Athlete

Parent(s) /Guardian(s)

+ Jerome E. Listecki

Coach

Archbishop Jerome E. Listecki

