

## List of Forms:

1. Coach/Team Manager Volunteer Application Form
2. Authorization to Conduct Background Check  
Catholic Diocese of Rockford
3. Pre-Participation Examination (Sports Physical)
4. Student-Athlete Code of Conduct
5. Informed Consent, Release Agreement, and  
Authorization for Use of Your Insurance
6. Heads Up Concussion Waiver
7. Play Up Consent Form
8. Player Availability Form

A. Protecting God's Children Training

Please go to [www.virtusonline.org](http://www.virtusonline.org) for more information.

(First time registrant – Begin – Rockford IL – password is **2train!**)

B. Concussion Training

Please go to <https://www.cdc.gov/headsup/schoolprofessionals/training/index.html> or

<https://www.train.org/cdctrain/course/1094770/> for more information.

C. Blood Borne Pathogens Test

Please go to <https://www.cdc.gov/niosh/topics/bbp/default.html> for information.

D. Criminal Background Check

Please go to [www.virtusonline.org](http://www.virtusonline.org) for more information.

E. On [www.virtusonline.org](http://www.virtusonline.org), please also read:

Background Check Authorization

Code of Pastoral Conduct

Guidelines for Youth & Those Working with Youth

Mandated Reporter Form

Sexual Misconduct Norms

Technology & Social Media Guidelines

Coach's Forms (#1 & #2) – May be sent to the Athletic Commission at:  
**[athleticdirector@ssppcary.org](mailto:athleticdirector@ssppcary.org)**

Parent / Student Forms (#3 to #8) – Should be turned in to your team's coach.

**SS PETER AND PAUL SPORTS DEPARTMENT**  
**COACH/TEAM MANAGER**  
**VOLUNTEER APPLICATION FORM**

(Complete one form for all volunteer positions)

<b>Name</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Email Address</b>	
<b>Name of Child and Grade Next Year</b>	Grade            4            5            6            7            8
<b>Position Volunteering For</b>	<input type="checkbox"/> <b>Head Coach</b> <input type="checkbox"/> <b>Assistant Coach</b> <input type="checkbox"/> <b>Team Manager</b>
<b>Sport Volunteering For</b>	<input type="checkbox"/> <b>Cheerleading</b> <input type="checkbox"/> <b>Track</b> <input type="checkbox"/> <b>Cross Country</b> <input type="checkbox"/> <b>Boys Basketball</b> <input type="checkbox"/> <b>Boys Volleyball</b> <input type="checkbox"/> <b>Girls Basketball</b> <input type="checkbox"/> <b>Girls Volleyball</b>
<b>Years of Experience Coaching at SSPP/Sport</b>	

<b>Years of Experience Coaching outside of SSPP/Sport</b>	
<b>Other Information Relevant to your Volunteer Application?</b>	

**Please note that if selected to one of these positions, you must complete the following:**

- 1. Protecting God’s Children Training (one time, copy of certificate on file at school)**
- 2. Concussion Training (one time, copy of certificate on file at school)**
- 3. Blood Borne Pathogens Test (annually)**
- 4. Criminal Background Check (annually)**

**Additional Notes:**

- **Head Coach is responsible for all teams at the grade level, if split to A/B teams (7 & 8<sup>th</sup> grades) or two equal teams (5 & 6<sup>th</sup> grade).**
- **Assistant Coach may cover responsibilities for the Head Coach for games and/or practices as well as Coach a B team (7 & 8<sup>th</sup> grade) or second team (5 & 6<sup>th</sup> grade).**
- **Team Manager (if used) is responsible for administrative duties in support of the Head Coach.**
- **In cases of two equal teams or A/B teams, all athletes practice at one time and learn the same plays.**
- **Any questions on duties or responsibilities will be directed to the ADs.**
- **Complete this form and submit to the AD Mailbox at school or email to [athleticdirector@ssppcary.org](mailto:athleticdirector@ssppcary.org)**
- **All forms will be reviewed by the ADs and the Principal. A final decision will be made in May by the ADs and the Principal.**

**I agree to abide by the requirements set forth by the SSPP Sports Handbook and NSCC Constitution and By-Laws:**

**Signature/Date \_\_\_\_\_**

# Authorization to Conduct Background Check Catholic Diocese of Rockford

## (CHIRP) Criminal History Information Response Process

### AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND INVESTIGATION AND TO DISCLOSE CRIMINAL BACKGROUND INFORMATION

I hereby give my consent to the Illinois State Police to conduct a criminal background check on me from all states in which I have resided or worked and authorize the Illinois State Police representatives to disclose to Saint's Peter and Paul Church and School the information obtained through such investigations.

I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

*Please Print*

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Other Names Used by Me: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (ex: MM/DD/YYYY)

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

Street

City

State

Zip

Gender:  Male  Female

Race: \_\_\_\_\_

(American Indian or Alaskan Native, Asian or Pacific Islander, Black, White or Unknown)

**Applicant Signature:** \_\_\_\_\_

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

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*For Office Use Only*

Background check results were received on: \_\_\_\_\_  
(Date)

State Sex Offender Registry: \_\_\_\_\_ <https://www.isp.state.il.us/sor/>  
(Date)

National Sex Offender Registry: \_\_\_\_\_ <https://www.nsopw.gov/>  
(Date)

Sex Offender Registries checked by: \_\_\_\_\_



# Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name \_\_\_\_\_ School Year \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_

## HISTORY FORM

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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Do you have any allergies?      Yes     No     If yes, please identify specific allergy below.

Medicines                                       Pollens                                       Food                                       Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# Pre-participation Examination



## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_  
Last First Middle

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / ( / )	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_ Examination Date \_\_\_\_\_

Additional Comments:

Physician's Signature \_\_\_\_\_ Physician's Name \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_ PA's Name \_\_\_\_\_

Advanced Nurse Practitioner's Signature\* \_\_\_\_\_ ANP's Name \_\_\_\_\_

\*Effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

# Student-Athlete Code of Conduct

It is an honor and a rare accomplishment to have become an SSPP athlete. We welcome you to our group. The Athletics department at SSPP aspires to provide each of its students with an experience that will be enjoyed, cherished and remembered. We hope to sustain a culture of excellence and Catholic values at our school. We strive to excel in all areas of SSPP life, especially **“Living our faith and building character through sports.”**

## Sportsmanship Policy

Each student-athlete is a representative of SSPP and their team. Each student-athlete should demonstrate good sportsmanship at all athletic events, whether competing or observing. Poor sportsmanship is not what SSPP is about. The following is a list of behaviors that will not be tolerated:

- Physical or verbal abuse of players, spectators, officials, coaches or administrators.
- Throwing objects onto the playing surface or at any participant (players, coaches, officials or spectators, etc.)
- Taunting opponents, officials or coaches, etc.
- The use of profane or vulgar language or gestures or trash talking.

Violation of this sportsmanship policy can result in sanctions imposed by principal, which may include suspension or dismissal from your team. We pride ourselves in the way we live, play, and in the way we support our fellow athletes.

## Social Media Policy

Student-athletes must be aware that some online behavior may embarrass themselves, their teammates, their sports programs and/or SSPP and may result in disciplinary action. Students shall not share or post inappropriate comments or pictures over: e-mail, web sites, text messaging, DMs, electronic photos or videos & social media (i.e., Facebook, Twitter, Snapchat, Instagram, Tik Tok, etc.)

Each student-athlete must acknowledge that the content of such posts is available to many unanticipated viewers and that content can reflect positively or negatively on themselves, their teammates and SSPP.

**I acknowledge that I have read the above Student-Athlete Code of Conduct and SECTION VIII of the SSPP Sports Handbook entitled – Student-Athlete Requirements. I understand that failure to comply with the conduct expectations described in this SSPP Student-Athlete Code of Conduct, may result in disciplinary action, up to and including suspension or dismissal from the team.**

**Student’s Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Student’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Informed Consent, Release Agreement, and Authorization for Use of Your Insurance

Child's Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Informed Consent, Release Agreement, and Authorization

I understand that participation in SSPP sports activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or the SSPP Sports Handbook. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me my child, I understand that efforts will be made to contact the individual listed as the emergency contact person me. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult in charge (coach or athletic committee member) to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge, school staff, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program.

I have carefully considered the risks involved and hereby give my informed consent for my child to participate in all activities offered in the SSPP sports program. I further authorize the sharing of the information on this form with any SSPP volunteers or professionals who need to know of medical conditions that may require special consideration in conducting sport activities.

I acknowledge the contagious nature of COVID-19 and other airborne viruses and that the CDC and many other public health authorities' recommendations of practicing social distancing and wearing face coverings.

I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19 or other airborne viruses. I understand that the risk of becoming exposed to and/or infected by viruses may result from the actions, omissions, or negligence of myself and others, including but not limited to, SSPP staff, volunteers, and players. I acknowledge that I may increase my risk of exposure to viruses by spectating or participating in SSPP Sports, activities, or meetings. I understand that this release discharges SSPP from any liability or claim that I, my heirs, or any personal representatives may have against SSPP with respect to any bodily injury, illness, death, or medical treatment.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, illness, or loss that may arise against SSPP, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to SSPP, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all SSPP activities, and I hereby release SSPP, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. and I specifically waive any right to any compensation I may have for any of the foregoing.

List restrictions for your child if any: \_\_\_\_\_ · None

\_\_\_\_\_  
\_\_\_\_\_



**NOTE:** Due to the nature of SSPP sports programs and activities, SSPP cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that coaches and adult leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities.

## INSURANCE INFORMATION

I acknowledge that my son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in SSPP Athletics. I give permission to SSPP Staff, coaches, or athletic committee members to authorize any medical treatment for my insurance to cover. **(Please attach copy of insurance card to this authorization).**

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. My child has permission to engage in all SSPP sport events and activities, except as specifically noted by me or the health-care provider. Because the participant is under the age of 18, a parent or guardian's signature is required.

Print Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HEADS UP CONCUSSION WAIVER

Please visit [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html) to read about the new Heads-Up Concussion initiative

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head *or* body he or she exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, *or* decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions *or* seizures
- Cannot recognize people *or* places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## **WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?**

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's Okay to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising *or* activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## **WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?**

If an athlete has a concussion, his or her brain needs time to heal. While an athlete's brain is still healing, he or she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

[www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >>

[www.CDC.GOV/CONCUSSION](http://www.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

**SS PETER AND PAUL SPORTS DEPARTMENT**  
**PLAY UP CONSENT FORM**

The purpose of this form is to obtain parental approval for your child to be on a call out list for playing up one grade for the following sports (please check one):

**Boys Volleyball**

**Girls Volleyball**

**Boys Basketball**

**Girls Basketball**

I understand that the Head Coach of the team requesting your child will call children on a set rotation (e.g., alphabetical) depending upon the position required (e.g., guard/post or setter/hitter). If an athlete cannot make it, the coach will proceed to the next name on the list and so on. There is no penalty for not being able to support a game when asked.

If at any time you do not want your athlete on the call out list, please notify the Head Coach. If at any time you would like to add your child to the call out list, please complete this form and send to the Head Coach. Please note that the coach may invite your child to attend additional practices with the team. Attendance at these practices is not required but preferred.

If there are any questions, please contact the Head Coach requesting participation.

Name of Head Coach of Requesting Team \_\_\_\_\_

Athlete's Name \_\_\_\_\_

Parent's Signature/Date \_\_\_\_\_

**\*\*\*PLEASE FORWARD THIS FORM TO THE HEAD COACH  
OF THE REQUESTING TEAM\*\*\***

**SS PETER AND PAUL SPORTS DEPARTMENT**  
**PLAYER AVAILABILITY FORM**

**The purpose of this form is for the parent and the athlete to identify any conflicts with other SSPP/non-SSPP activities that may impact attendance at practices or games during the season for your coaches. This information will be used to determine which team your child is placed on.**

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

**Sport:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Does your child participate in any activities outside of the SSPP Sports program that may impact his/her ability to attend matches/games/practices?**

**Yes – please list the activities**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**No, my child does not participate in any activities outside of this program**

**If your answer was YES, in the event of a conflict, indicate which activity your child will attend first.**

**Yes, SSPP Sports is my first priority**

**No, SSPP Sports is not my first priority**