

ST. FRANCIS SCHOOL

THE SCHOOL OF THOUGHT

June 28, 2013

Dear Parents,

Athletics are a major component of St. Francis School's education process. The mission of the St. Francis School Athletic Department is to provide athletic programming that encourages all students to participate in interscholastic sports, promotes the spirit of good sportsmanship with competitive athletic experiences, and emphasizes excellence in academics and athletics. We believe that the children come first while we are pursuing a competitive athletic environment. Our athletes will come away from their seasons with lasting memories, and it is our job to make them fond ones marked by hard work and goals achieved.

All students in 5th through 9th grades - **whether or not they plan to play a sport** - will need to complete and submit a KHSAA sports physical before July 15th. The physical is good for a year and needed for participation in any sporting activity and the PE/Fitness classes. The form needed by your physician is included in this email. There is only one page for the physician to complete; the remainder of the document should be completed by you or your student. Please remember to include insurance information and sign the final page. All students in 10th-12th grades who plan to play a sport also need to obtain a physical and return it to me.

Also included in this email is a form indicating which sports your student(s) – grades JK through 12 – is interested in playing this year. Please fill it out in its entirety and return it **by Monday, July 8th** – in person to either the Goshen or Downtown Campuses, via scan and email to me at tbutler@stfrancisschool.org or by fax or mail to either campus. These participation forms will allow the Athletic Department to begin building rosters and setting schedules for teams. It is vital that we have one of these on every student interested in participating in athletics.

Practice and game schedules for Middle School and High School field hockey and soccer are included in this email (with the exception of the game schedules for MS field hockey and 3rd-5th grade soccer, which will be coming soon).

Please feel free to email me if you have any questions. Thanks! I'm looking forward to sharing some great times with you in the near future.

Sincerely,

Tony Butler
Athletic Director
tbutler@stfrancisschool.org
Phone: (502) 736- 1023
Fax: (502) 736- 1049



2013 Sport Participation Survey

(please fill out a separate sheet for each St. Francis student)

Grade JK K 1 2 3 4 5 6 7 8 9 10 11 12

Student Name _____ email _____

Parent Name _____ email _____

Please select all sports your child plans to participate in during the 2013-14 school year.

Fall Sports Season

- _____ Field Hockey (Girls JK-12)
- _____ Soccer (Co-ed JK-12; MS and HS teams are boys' teams but girls may participate)
- _____ Golf (Co-ed 7-12)

Winter Sports Season

- _____ Basketball (Boys JK-12)
- _____ Basketball (Girls JK-12)
- _____ Bowling (Boys 7-12)
- _____ Bowling (Girls 7-12)

Spring Sports Season

- _____ Track (Co-ed 1-12)
- _____ Tennis (Boys 7-12)
- _____ Tennis (Girls 7-12)
- _____ Lacrosse (Boys 5-8)

Please note that Goshen 7th and 8th Graders may be eligible to compete on High School teams if they are at an advanced enough level and/or if said sport isn't offered at the Middle School level. Parents may be responsible for transporting Middle School students to High School practices/games

Volunteer Coaching Sign-up

There are a number of volunteer opportunities with athletics at St. Francis. Any parent interested in coaching at any level, Lower, Middle or High School, during this school year, please complete the form below. We also have Athletic Committees on both campuses that parents can volunteer to serve on. Please complete the information below to sign up.

Name _____ Grade Level to Coach? _____

Email _____ Cell Phone _____

Sport _____ Yrs Coaching _____



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
2280 Executive Drive, Lexington, Kentucky 40505
Athletic Participation/Physical Examination Form/Consent and Release

PART I - ATHLETE INFORMATION

(This part must be completed by the student)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (circle all you might try to play):

- | | | | | | | | | |
|-----------------|------------|---------------|----------|---------|--------------|----------|----------|--------|
| Baseball | Basketball | Cross Country | Football | Golf | Soccer | Softball | Swimming | Tennis |
| Track and Field | Volleyball | Wrestling | | Archery | Bass Fishing | Bowling | Cheer | Other |

PART II - MEDICAL HISTORY

Parent and student complete this part and present to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

1. Have you ever been hospitalized?
2. Have you ever had surgery of any kind (e.g., tonsillectomy)?
3. Are you presently taking any medications or pills?
4. Do you have any allergies (medicine, bees, or other insects)?
5. Have you ever passed out during exercise?
6. Have you ever been dizzy during or after exercise?
7. Have you ever had chest pain during or after exercise?
8. Have you ever had high blood pressure?
9. Have you ever been told you have a heart murmur?
10. Have you ever had racing of your heart?
11. Has anyone in your family died of heart problems before 50?.
12. Do you have any skin problems? (itching, rashes, acne)
13. Have you ever had a head injury?
14. Have you ever been knocked out or unconscious?
15. Have you ever had a seizure or suffer from epilepsy?
16. Have you ever had a stinger, burner or pinched nerve?
17. Have you ever had heat related problems?
18. Have you ever been dizzy or passed out in the heat?.
19. Do you cough heavily, or breath heavily during activity?
20. Do you use any special equipment (e.g., knee brace)?
21. Have you had any problems with your eyes or vision?.
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?
23. Are you missing one of any paired organs (e.g., eyes)
24. Have you ever been diagnosed with any form of asthma?
25. Are you using an inhaler for asthma?
26. Are you diabetic?
27. Do you administer insulin to yourself?
28. Are you presently using tobacco in any form?
29. Do you have a history of sickle-cell anemia in your family?
30. Have you had any other medical problems?
31. Have you had a medical problem or injury within the last year?
32. Can you swim?
33. When was your last tetanus shot?

YES	NO

Please explain any YES answers from questions 1-31: _____

PART III - PHYSICAL EXAMINATION

This part must be completed by an authorized health care provider named in Bylaw 2.

PATIENT NAME: _____
 HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____
 VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared _____
 2. Cleared after additional evaluation for _____
 3. Restricted from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature

Date:

Provider's Name (please print)	
Address:	
City/State/Zip	
Phone	

This Physical Examination is valid for one year from date administered should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

PART IV – CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

*The student and parents/guardian must read this statement carefully and sign where required. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution at <http://www.khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**PART V - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES,
LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

This part must be completed by student and custodial parent / guardian). This form must be reproduced in order for a copy to travel with respective athlete.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF
ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 2)

Insurance Carrier

Policy Number

**EMERGENCY CONTACT
INFORMATION**

Name (please print)

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone

Cell Phone

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number

Birth Date

*The student and parents/guardian must read this statement carefully and sign where required. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

2013 SFS Field Hockey

Middle School (4th – 8th grade)

Preseason practices will be held July 29, 31, August 1, 5, 7, 8, 12, and 13 from 9:00- 10:30 a.m. Once school begins (August 20th), practices will be held on Tuesday and Thursday after school until 4:50 p.m., including the first day of school. From 9:30 – 10:30 a.m. on Saturday, August 10th, just prior to the Back-to-School picnic, there will be a clinic hosted by High School coaches and players – the Middle School team is encouraged to attend!

Students will be divided into the A and B teams. Teams will practice together. Rosanne Conlan will be head coach of the A team and Misty Chanda will be head coach of the B team.

The game schedule is created by the league and will be completed in July; we will send it to parents and post it on our web site.

Varsity (9th – 12th grade)

Preseason practices for Field Hockey are Monday, Tuesday, Thursday, Friday at our Goshen Campus (July 15 - August 16) 7:00 – 8:30 p.m. On and following August 19 the team will practice on non-game days after school 4:00 – 5:30 p.m. at Thurman Hutchins Park. Home games will be played at our Goshen Campus field. Stanley Phulpagar returns as head coach; Emily Boyle (our new Front Desk person) will be the assistant coach.

Varsity Game Schedule

August

Saturday	10	Goshen MS Clinic Varsity Round Robin	9:30 a.m. 11:00 a.m.
Tuesday	20	@ Seneca	5:30 p.m.
Thursday	22	Home v Atherton	6:00 p.m.
Monday	26	Home v Ballard	5:30 p.m.
Tuesday	27	@ Assumption	TBA

September

Tuesday	3	Home v. Presentation	5:30 p.m.
Thursday	5	Home v South Oldham	5:30 p.m.
Tuesday	10	@ Collegiate	TBA

Tuesday	17	@ Atherton	5:00 p.m.
Thursday	19	Home v CAL	6:00 p.m.
Monday	23	@ Holy Cross	6:30 p.m.
October			
Tuesday	1	Home v Male	5:30 p.m.
Thursday	3	@ Butler	TBA
Tuesday	8	Home v Manual	TBA
Thursday	10	Home v North Oldham	5:00 p.m.
Thursday	17	@ Eastern	5:00 p.m.
	22-24	District Tournament	TBA
	26-31	State Tournament	TBA

2013 SFS Soccer

Junior Soccer League (3rd – 5th grade)

This league offers students in 3rd – 5th grades a chance to get real game experience on the soccer field to prepare them for Middle School soccer and beyond.

Practices will begin in early August, exact times/dates TBD, and be held on Mondays and Wednesdays once school begins. Games are held early on Saturday mornings, and the location rotates between participating school campuses. The game schedule is still in draft form, and will be circulated to parents as soon as it is final. Head coach is TBA.

Middle School (6th – 8th grade)

Preseason practice will be August 5, 7, 8, 12, and 13 from 9:00 – 10:30 a.m. During the regular season, the Middle School varsity squad will practice on Tuesdays and Thursdays from 3:15 - 5:00 p.m. The first regular practice will be held on the first day of school, Tuesday, August 20. From 9:30 – 10:30 a.m. on Saturday, August 10th, just prior to the Back-to-School picnic, there will be a clinic hosted by High School coaches and players – the Middle School team is encouraged to attend! The team will be coached by Michael Mahoney.

Middle School Game Schedule

August

Monday	26	@ Walden – A @ Walden – B	4:30 p.m. 5:45 p.m.
Friday	30	Rock Creek	5:00 p.m.

September

Friday	6	@ Whitefield	5:30 p.m.
Monday	9	Highlands Latin	4:15 p.m.
Friday	13	Anchorage – B Anchorage – A	4:30 p.m. 5:45 p.m.
Monday	16	Christian Academy of IN – B Christian Academy of IN – A	4:30 p.m. 5:45 p.m.
Thursday	19	@Collegiate – A @Collegiate – B	4:30 p.m. 5:45 p.m.
Monday	23	OSL	4:30 p.m.

October

(LISC Tournament @ St. Francis)

Tuesday	1	TBD	4:30/5:45 p.m.
Wednesday	2	TBD	4:30/5:45 p.m.
Thursday	3	TBD	4:30/5:45 p.m.

Varsity and Junior Varsity (9th – 12th grade)

Practices are held at Louisville Champions Park on River Road. Practices July 22nd through August 19th are 7:00 – 9:00 a.m. From the first day of school, August 20th, the team will practice on non-game days after school 4:00 – 6:00 p.m. Home games will be played at our Goshen Campus field. Ralph Marshall returns as head coach; Luke Johnson will be the assistant coach.

Varsity Game Schedule

July

Fri. -Sun.	26-28	Bluegrass State Games	TBA
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August

Saturday	10	Goshen MS Clinic Varsity Alumni Game	9:30 a.m. 11:00 a.m.
Monday	19	North Oldham Tournament vs. Cooper	8:00 p.m.
Wednesday	21	North Oldham Tournament vs. Jeffersonville	8:00 p.m.
Saturday	24	North Oldham Tournament vs. North Oldham 3rd Place Game Championship	9:00 a.m. 6:00 p.m. 8:00 p.m.
Thursday	29	All "A" Semi-finals vs. Brown	4:30 p.m.
Saturday	31	All "A" Championship – TBA	10:00 a.m.

September

Tuesday	3	Home v. Sayre	6:00 p.m.
Tuesday	10	@ Central	6:00 p.m.
Tuesday	17	@ Manual	TBA

Thursday	19	Home v. Bethlehem	6:00 p.m.
Saturday	21	@ Fort Thomas	7:00 p.m.
Tuesday	24	@ Lexington Christian	TBA
Thursday	26	@ KCD	5:30 p.m.
Sat.-Sun.	28-29	All "A" State Championship	TBA

October

Tuesday	1	@ Cooper	7:30 p.m.
Thursday	3	@ Nelson County	5:30 p.m.
Saturday	5	Home v. Bourbon County	TBA
Tuesday	8	@ Marion County	7:30 p.m.
Thursday	10	Home v. Whitefield (Senior Night)	5:30 p.m.
	14-18	District Tournament	TBA
	21-15	Regional Tournament	TBA
<i>Date TBA</i>		<i>@ Oldham County</i>	<i>7:00 pm</i>

Junior Varsity Game Schedule

August

Thursday	22	Home v. Brown	6:00 p.m.
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September

Saturday	21	@ Fort Thomas	5:30 pm
Monday	23	@ Brown	5:30 pm

October

Tuesday	1	@ Cooper	6:00 p.m.
Thursday	3	@ Nelson County	7:00 p.m.
Tuesday	8	@ Marion County	5:30 p.m.
<i>Date TBA</i>		<i>@ Oldham County</i>	<i>5:30 p.m.</i>