

“TENTITIVE” 2010 SPRING SPORTS TRYOUT SCHEDULE

Subject to change due to inclement weather and/or facility availability

Baseball Monday March 8 th JV-3-4:30 Varsity 4:30-6	Softball Monday, March 8 th JV- 3-4:30 Varsity- 4:30-6	Girls Lacrosse Monday, March 8 th JV- 3-4:30 Varsity-4:30-6	Boys Lacrosse Monday, March 8 th JV-3-4:30 Varsity-4:30-6
Girls & Boys Track Monday, March 8 th Girls-3-5 Boys-3-5	Boys Tennis Monday, March 8 th 3-4:30 Orange Hollow	Girls Golf TBA	Boys Golf TBA

2010 SPRING SPORTS FEE SCHEDULE

Students on sports teams may be required to pay for certain portions of uniforms or other items for that particular sport. All sports teams are required to pay a fee for ice-time, equipment, uniforms, etc. The reason Burke Catholic has to charge fees is simple - the budget. It costs a lot of money to run the school, more than what tuition brings in. The school allocates a generous amount to extra-curricular activities, but they are just that - extra. There is never enough money to pay for all the things we need and to keep tuition as low as possible, and charging fees helps cover some of the costs

Baseball-\$250
Softball-\$250
Lacrosse-\$250
Track and Field-\$150
Tennis-\$150
Golf-\$150

FEE PAYMENT INSTRUCTIONS

- Payment due to the athletic director by **Monday, March 8th**.
- Please make checks payable to Burke Catholic High School
- In the memo portion of your check, please write your child's name and the sport he/she will be trying out for. Example-*John Doe-Track and Field*.
- Checks **WILL NOT BE CASHED** unless your son/daughter has made. Checks for those students not making a team will be returned to the student.

Thank you for you cooperation and support of the Burke Catholic Athletic program. Let us all pray for a safe, enjoyable and successful sports season.

JOHN S. BURKE CATHOLIC HIGH SCHOOL
SPRING SPORTS

Parent Permission Form for Athletic Department Participation (PPF)

PPF's Due to School Nurse by: **MONDAY, MARCH 1st**

Sport Fee Due to the Athletic Director by: **MONDAY, MARCH 8th**

Student's Name: _____ Grade _____ DOB _____

Sport (*choose 1 only*): **Baseball Softball Girls Lacrosse Boys Lacrosse**

Boys Tennis Girls Track Boys Track Girls Golf Boys Golf

Parent/Guardian Name: _____

Home Phone: _____ Work: _____ Cell Phone: _____

Parents E-Mail: _____

Emergency Contact (other than parent) Name: _____ Phone: _____

Special Instructions

1. PPF is for current season only. A new PPF must be submitted for each sport season
2. Parents must complete and both parent and athlete must sign **Health History Form** before each season.
3. Student's medically excused from physical education cannot participate in the interscholastic athletic program during the "excused time."
4. We understand a physical exam documented in the Health Office is required to tryout for a team. **PHYSICAL EXAMS ARE VALID FOR 1 YEAR.**

School Use Only

SCHOOL NURSE MEDICAL CERTIFICATION

1. Completed by school nurse after she reviews the physical exam form & page 2 of PPF

I certify that the student mentioned above has had a physical exam and is approved to compete in sports during the current Winter sports season.

Date of Physical _____ Restrictions (if any) _____

Nurse's Signature _____ Date _____

**SPORTS CANDIDATE QUESTIONNAIRE
HEALTH HISTORY SINCE LAST MEDICAL EXAM**

TO BE COMPLETED BY PARENT/GUARDIAN

Name _____ Date of birth _____ Grade _____

Athletic Activity _____

SINCE YOUR LAST MEDICAL EXAM:

YES NO

- | | | |
|--|-------|-------|
| 1. Any injuries requiring medical attention? | _____ | _____ |
| 2. Any illness lasting more than 5 days? | _____ | _____ |
| 3. Presently taking any medication or under physician's care? | _____ | _____ |
| 4. Wear glasses or contact lenses? | _____ | _____ |
| 5. Any feeling of dizziness, chest pain or fatigue? | _____ | _____ |
| 6. Have you had a surgical operation or fracture? | _____ | _____ |
| 7. Have you been treated in a hospital emergency room? | _____ | _____ |
| 8. Is there any sport the student cannot participate in due to a health problem? | _____ | _____ |
| 9. Any chronic disease? (Asthma, arthritis, diabetes, etc.) | _____ | _____ |
| 10. Any known allergies? | _____ | _____ |

If yes to any of the above, please describe:

We understand clearly that the questions are asked to decide if this student is in a proper condition to participate in the athletic activity named at the top of the form. The answers are correct as of the date this form is signed. Answers will be shared with coaches, as needed, for the safety of your student.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

**New York State Public High School Athletic Association (NYSPHSAA)
ELIGIBILITY STANDARDS**

TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name _____ Grade _____ Sport _____

Please answer the following eligibility questions:

1. Student is under the age of 19 (If the age of 19 is reached on or after July 1 the student is eligible to participate during that school year in all sports) **YES NO**
2. Student is a "Bona Fide Student" Meaning the student is taking at least four (4) subjects including Physical Education **YES NO**
3. Has student completed four consecutive seasons of this sport commencing with their entry into the 9th grade. **HAS NOT** (Completed four seasons) **HAS** (Completed four seasons)
4. Did student transfer to Burke Catholic from another high during the current school year? **YES NO**
5. If yes to question #4, did student play the sport currently trying out for, at previous school? **YES NO**

TRYOUT POLICY

- In accordance with our philosophy of athletics and the desire to encourage student participation, we encourage coaches to keep as many student-athletes as possible without unbalancing the integrity of their sport. All students (including students who were on the team the previous year) trying out for a sport must understand and accept the possibility of not making the team. The hardest part of any coaches' job is to inform a student that they did not make the team. Cuts are and must be made. The final decision on squad size will be left up to the varsity coach.

PARENT OR LEGAL GUARDIAN CONSENT

- By its nature, participation in the Burke Catholic athletic program includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules report all physical problems to their coach, follow a conditioning program appropriate to their chosen sport, and inspect their own equipment daily.
- By signing this Permission Form, we acknowledge that we have read the above information. Parents or students who do not wish to accept the risks described in this warning should not sign this form.
- I agree not to hold Burke Catholic or anyone acting in its behalf responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel.

We have read and acknowledge the statements that follow and grant permission for my son/daughter to participate in the designated sport during the current school year.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

JOHN S. BURKE CATHOLIC HIGH SCHOOL
ACKNOWLEDGMENT OF RECEIPT OF ATHLETIC HANDBOOK

All students, trying out for a team, are expected to review the athletic handbook and become familiar with the rules, regulations and policies pertaining to their athletic eligibility. After reviewing the handbook both athlete and parent/guardian must sign the appropriate acknowledgement found below. This form must be submitted with the students PPF forms. A copy of the handbook can be found on the athletic page of the schools website www.burkecatholic.org

Student-Athlete Acknowledgement

I have read the John S. Burke Catholic High School Athletic Handbook including the rules regulations and policies. I fully understand its meaning and consequences and support its enforcement by persons responsible. Additionally, by signing this acknowledgement I agree that if I am fortunate enough to make a team I am making a commitment to my teammates and coach for the entirety of the sport season.

Signature of Student-Athlete

Date

Sport _____

Parent/Guardian Acknowledgement

By signing this document, I _____ parent/guardian, indicate that I have knowledge, understanding and agreement to these standards, set forth in order for my child, _____, to be afforded the privilege of representing Burke Catholic High School as a student-athlete. I am also aware that any violation on the part of my child, to any of these standards, shall result in the consequences contained within this policy.

Signature of Parent/Guardian

Date