

St. Cletus & St. Francis Xavier

2019 Football

Registration Information

Registration Deadline:

Friday, May 10th, 2019

Registrants must return, all required forms along with payment:

REQUIRED FORMS:

REGISTRATION SHEET & PAYMENT Include name/grade of your child(ren) along with uniform size and submit with payment. (checks payable to SFX)

FAMILY INFO/ WAIVER & RELEASE FORM Please provide all information requested on the family information form. Signatures required for the waiver portion at the bottom of the page by both a parent/guardian and athletes.

SPORTS PHYSICAL FORM Annual physicals are mandatory for all athletes participating in SFX sports; A medical history form to be completed by a parent/guardian and a physical form for your physician/PA to complete is included in the packet. The Sports Physical Forms are not due with the registration information; however, no student athlete may participate in evaluations or any practices until a form is on file with the Athletic Department.

For students entering 6th grade, a copy of the school required health form is acceptable. Return completed physical forms to the school office to the attention of "Athletics."

PRE-SEASON CONCUSSION FORM State mandate requires all parents and athletes competing in youth sports acknowledge by signature they have received information regarding concussions. A separate form is required for each athlete

NOTE

Parents and Athletes ARE REQUIRED TO READ the SFX Student-Athlete & Parent Handbook posted on the athletics website under "Resources." By signing the family information form, Parents and Athletes are acknowledging that they are familiar with the contents of the document. A hard copy of the handbook may be requested by emailing: sfxad@sfxlg.org

All completed forms should be returned to the **St. Francis Xavier School Office**

145 N. Waiola Ave.
LaGrange, IL 60525
Attn: Athletics

All forms including the Student-Athlete & Parent Handbook (under 'resources') and Athletic Schedules may be found on the athletics website: <https://il.8to18.com/sfxlg/>

PARENT/PLAYER INFORMATION:

- Payment of activity fees is due at the time of registration. If full payment represents a hardship for your family, please contact the Athletic Director to make alternate payment arrangements.
- **ATHLETES ARE EXPECTED TO ATTEND ALL PRACTICES AND GAMES** except in the instance of injury, schoolwork or a significant event. Playing time will reflect practice and game attendance.
- Players are expected to arrive on time for practice. Three or more late arrivals/unexcused absences will result in a one game suspension
- NO jewelry may be worn during any contest. This includes “hard” barrettes, earrings (EARS MAY NOT BE TAPED) and necklaces. Exception: Medical Alert notices may be worn but must be taped to the athlete to prevent injuries.
- A volunteer program, especially, is dependent upon everyone’s help and support to maintain a high level of quality and success. Parents should expect to be assigned to volunteer at the admissions table or concession stand during games hosted by SFX.
- Parents should realize that they can and may be asked to leave a game or tournament if they are not able to maintain a standard of acceptable behavior. Any parent asked to leave a contest will serve a one-game suspension.
- SFX is not responsible for student-athletes before or after practices. If your child arrives early to a practice, they may be unsupervised until the start of the practice and/or until a coach arrives. Coaches may be required to leave immediately after a practice; therefore if your child is being picked up, please be on time.

24 HOUR RULE:

There are situations that may require a conference between the coach and the parent. It is important that both parties involved have a clear understanding of the other’s position. When a conference is necessary, the following procedure should be followed to help promote a resolution of the issue:

***Wait 24 hours.** Please do not attempt to approach a coach before or after a game or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution. Call or email the coach to set up a meeting. If the meeting with the coach does not provide a satisfactory resolution, contact the Sport Coordinator to discuss the situation.*

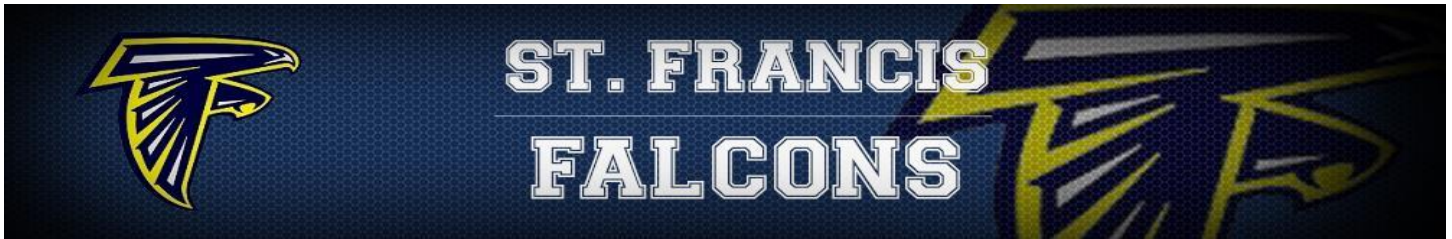
EQUIPMENT AND UNIFORM RETURN POLICY:

To help control the cost of our athletic programs at St. Francis Xavier, all equipment and uniforms that are property of the SFX sports program and lent to St. Francis Xavier athletes must be cared for, kept track of, and then returned on the date set by the sport coordinator. If the equipment/uniform is not returned, these steps will be followed:

- A bill will be mailed to the families for the cost of replacing the equipment that has not been returned.
- If we do not receive payment for the equipment, students will not be allowed to participate in any upcoming sports seasons at SFX and 8th grade students will forfeit participation in graduation activities.

We thank you in advance for your cooperation and compliance with this policy, which will benefit everyone participating in our sports programs.

LEAGUE AFFILIATION: Suburban Parochial Football League (SPFL) www.spfl.org Schedules, directions and other information may be found here



2019 Football Program

Thank you for your interest in the SFX Falcon Football Program. Provided here is a brief overview of what your family can expect from your student's participation.

We are very proud of our 2018 season and all the successes and accomplishments made (*both on and off the field*) by all our players. All involved very much look forward to building on these accomplishments and adding even more lessons, opportunities and fun for the this 2019 season. Our Program's philosophies mirror those of the Parish and the School's - "Be Prepared, Be Engaged, Be Respectful, Be Inspirational", combined with our strong beliefs that there are many off-the-field and life-long benefits that can be learned through participation with our program and sport, including, but not limited to: teamwork, friendships, school pride, work ethic, discipline, social networking, and many more.

It can be assured, that every participant in the program will be taught, respected and treated equally by all, regardless of age, grade or athletic ability. *We're all one program.* Every player will be coached not only on the "how to's" and "best practices" of the sport, but most importantly the "whys" - and always in the safest manner known.

We would love the opportunity to discuss individually in-person or via phone/email to answer any questions or address concerns you may have about your child participating and will also look to host a parent meeting in the near future. *(For those with dual/multi-sport conflicts, we will make it work!)*. Please feel free to reach out at any time. I sincerely look forward to it. Thank you!

Steve Janiszewski, Football Coordinator and Varsity Head Coach

Sjanis1115@yahoo.com / 773-209-9973

"Good Falcons Inspire Themselves, Great Falcons Inspire Others"





- Discipline
- Commitment
- Effort
- Toughness
- Pride
- FUN!



2019 Football Program (cont'd)

REGISTRATION FEE

The registration fee now includes all Summer Camp dates and an Annual Custom Tee Shirt for each player. Please note that Summer Camp *is not mandatory*, however it is encouraged. Even a few dates in attendance would be very beneficial for all. Family and/or sport conflicts are fully expected and completely understood.

EQUIPMENT DISTRIBUTION

Saturday, July 27th (10:00am – after final Summer Camp) We will also have an “unofficial” pre-season weigh-in at this time (players should wear shorts and T-shirt).

Important: Please make sure to have completed the following prior to this date: 1. paid the activity fee 2. submitted the signed Family Information/ Waiver and Consent Forms 3. submitted the signed pre-season concussion information sheet

SUMMER CAMP (tentative dates)

Dates: Saturdays June 29th, July 6th, July 13th, July 20th, July 27th

Wednesdays July 10th, 17th, 24th

Time: Saturdays 8:30am – 10:00am, Wednesdays 5:30pm – 7:00pm

Location: LTHS South Campus

T-shirts will be handed out at the first camp date and thereafter. Please have the players wear spikes, shorts and the T-shirt.

PRE-SEASON (MANDATORY) PRACTICES

Monday, August 5th, 2019

- First practice: 5:30 pm – 7:30 pm Lyons Township H.S. South Campus
- Shorts and helmets only for the first 3 practices

Thursday, August 8th, 2019

- First practice in full equipment

IHSA/SPFL rule – MANDATORY; every player must complete 3 practices in shorts and helmet before they are allowed to participate in full pads/ contact drills

IHSA/SPFL rule – MANDATORY; every player must also complete a minimum of 12 Pre-Season practices, including shorts and helmet practices, before they are eligible to participate in a game. If a player does not participate in the required 12 practices, he will not be eligible for the first game on August 25th.

- Discipline
- Commitment
- Effort
- Toughness
- Pride
- FUN!

SFX Football Registration Sheet
Registration Due Date: Friday, May 10th, 2019

Family Last Name: _____

Student's name	Grade 2019	Uniform Size YS/ YM/ YL/ AS/AM/AL/AXL	Football Activity Fee \$175	SUB TOTAL
Falcon Football Pass--OPTIONAL Allows immediate family members admission to all home football games			\$10	
			TOTAL	

Checks payable to
 'St. Francis Xavier'

Return completed forms along with payment to the SFX school office to the attention of 'Athletics':

*** Complete Both Sides of This
Form ***

FAMILY INFORMATION / WAIVER AND RELEASE FORM

Family Surname: _____ Email: _____

Address: _____ City: _____ Home Phone#: _____

Mother's Name: _____ Cell Phone#: _____

Father's Name: _____ Cell Phone#: _____

Additional emails to send information: _____

1) Child's Name: _____ Date of Birth: _____ Grade next Fall: _____

2) Child's Name: _____ Date of Birth: _____ Grade next Fall: _____

3) Child's Name: _____ Date of Birth: _____ Grade next Fall: _____

4) Child's Name: _____ Date of Birth: _____ Grade next Fall: _____

1. STUDENT-ATHLETE & PARENT HANDBOOK ACKNOWLEDGEMENT

We have read and understand the St. Francis Xavier Athletic Program Student-Athlete & Parent Handbook, paying special attention to Student Eligibility Requirements, the Athlete's Code of Conduct, Expectations of the Parents/Guardians, and the Uniform Return Policy. *Our signatures below confirm we have read and understand the contents of the handbook and signify our agreement to be bound by these requirements.*

**2. WAIVER AND RELEASE OF ALL CLAIMS
FOR PARTICIPATION IN ATHLETIC PROGRAMS**

Please read this information carefully and be aware that by signing this form you will be waiving and releasing all claims for injuries your student might sustain arising from these programs. We hereby certify that the above-named student(s) has/have my/our permission to participate in all activities of the St. Francis Xavier athletic program. I/We hereby, for ourselves, and on behalf of our heirs, executors, administrators and assigns, waive, release and discharge the Catholic Bishop of Chicago, St. Francis Xavier Parish, St. Francis Xavier School, employees, coaches, volunteers and any other persons connected with the athletic program from any responsibility or liability whatsoever for any losses, injury, death or other damage sustained in any activity during or surrounding the athletic program. I/We are signing this waiver of liability of our own free will.

*** Complete Both Sides of This
Form ***

I/WE HAVE READ AND FULLY UNDERSTAND THE NATURE OF THE ABOVE PROGRAMS AND WAIVER AND RELEASE OF ALL CLAIMS.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF STUDENT: _____

Signatures Required

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:

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

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 in coordination
- 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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 7/1/2012 Reviewed 4/24/2013

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. The Return-to-Play Policy of the IESA and IHSA 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 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/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Pre-Participation Sports Physical

(This page to be completed by Physician/Nurse Practitioner/Physician Assistant)

PHYSICAL EXAMINATION

DATE OF EXAM _____

NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ % BODY FAT (optional) _____ PULSE _____ BP _____

	NORMAL	ABNORMAL FINDING
<u>MEDICAL</u>		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
<u>MUSCULOSKELETAL</u>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for [Sport(s)]: _____ Reason: _____

Recommendation: _____

Name of Physician/Nurse Practitioner/Physician Assistant _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Nurse Practitioner/Physician Assistant _____

Pre-Participation Physical Evaluation

(This page to be completed by Student and Parent/Guardian)

Name _____ Sex _____ Age _____ Grade _____ Date of Birth _____
 Address _____
 Personal physician _____ Dr. Phone Number _____
In case of emergency, contact: Name _____
 Relationship to Child _____ Phone (H) _____ (C) _____

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

	YES	NO
1. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Have you been diagnosed with asthma? Have you been prescribed by a physician to use any asthma medication? Do you have a current consent form to self-administer the asthma medication on file with the school?	___	___
2. Do you have any allergies (for example: medicines, foods, stinging insects, pollen)? Do you have seasonal allergies that require medical treatment? Do you cough, wheeze or have trouble breathing during or after activity? Have you ever had a rash or hives develop during or after exercise?	___	___
3. Do you have an ongoing chronic or serious illness (example: diabetes, bleeding disorders, etc.)? Do you have any known deformities (for example: curvature of the spine, heart problems, blindness in one eye)?	___	___
4. Have you ever been hospitalized overnight? Have you ever had surgery? Have you had a medical illness or injury since your last check up or sports physical?	___	___
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___
6. Have you ever become ill from exercising in the heat?	___	___
7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	___	___
8. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	___	___
9. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	___	___
10. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bone, or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below. ___ Head ___ Upper Arm ___ Hand ___ Knee ___ Back ___ Elbow ___ Finger ___ Shin/Calf ___ Chest ___ Forearm ___ Hip ___ Ankle ___ Shoulder ___ Wrist ___ Thigh ___ Foot	___	___
11. Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____		

EXPLAIN "Yes" answers here: _____

In case of emergency, I/We hereby authorize my child to be treated by an available licensed physician. It is our understanding that every effort will be made to contact us immediately in case of such emergency.

We also hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature of Parent/Guardian _____ Date _____

Signature of Athlete _____ Date _____