

Student-Athlete Contract

This contract contains standards of conduct and expectations of student-athletes at Cristo Rey Brooklyn High School. Ms. Philippe, Mr. Crimmins, and your Head Coach have the right to interpret this contract in whatever way they believe is best for the school and the team. Because it is a privilege to be considered a student-athlete, failure to comply with this contract may result in suspension or removal from the team.

Academic Expectations

1. Student-athletes will strive to earn 90% or better in every class.
2. Student-athletes will be early to every class and in perfect dress code.
3. Student-athletes will focus in class and will not be talkative.
4. Student-athletes will not talk back to or argue with teachers.
5. Student-athletes will display academic honesty, will not cheat on any assignment and will not “lend” work to other students.
6. Student-athletes will use cell phones and other technology appropriately in class and outside of class.

Athletic Expectations

1. Student-athlete will be an ideal representative of Cristo Rey Brooklyn High School.
2. Student-athletes will show respect to peers, teachers, staff, administrators and coaches.
3. Student-athletes will display good citizenship through kindness, honesty and hard-work.
4. Student-athletes will display the discipline and effort required to improve academically and athletically.
5. Student-athletes will be unselfish and will display mental toughness.
6. We all make mistakes... Student-athletes will accept responsibility when shortcomings are made and will always strive for “personal best”.
7. Student-athletes will be early to every practice, game/meet or meeting unless an academic, CWSP or family emergency takes priority.
8. Student-athletes will abstain from substances that are harmful to the body such as alcohol, drugs and tobacco.
9. Student-athletes will strengthen the body through a commitment to good nutrition and intense strength training.
10. Student-athletes will strive to develop excellent habits in all areas of life – academic, CWSP, athletic, etc. because good habits are hard to break, but unfortunately so are bad ones.
11. Hazing is not permitted.

By signing this contract, you are agreeing to meet all of the above expectations.

Date: ____/____/____

Student's Full Name: _____ Student's Signature: _____

Parent Permission Slip and Commitment Contract

By signing this permission slip, you grant your child permission to participate in interscholastic athletics at Cristo Rey Brooklyn High School. Your signature evidences that you accept liability for the participation of your child as a student-athlete at Cristo Rey Brooklyn High School and that you agree to indemnify and hold harmless Cristo Rey Brooklyn, its teachers, its coaches, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this sport.

Additionally, you understand that your child's participation as a student-athlete is a major and serious commitment. Your child is expected to be present for and early to all practices and games/ meets. Only in the case of an academic obligation, CWSP obligation or a family emergency will your child be excused from this expectation. Your support in seeing that your child is a committed student-athlete will make a great difference in the team's success. Details concerning times and location of practice and games will be communicated by the head coach at the start of the season and on a weekly basis. You can also access team schedules at www.cristoreybrooklyn.org/athletics.

It is recommended that student-athletes play three sports (one per season). Please indicate all sports that your child is interested in:

Fall Sports

- Boys & Girls Cross Country
- Boys Varsity Soccer
- Girls Varsity Volleyball
- Girls JV Volleyball

Winter Sports

- Girls Varsity Basketball
- Boys Varsity Basketball
- Boys JV Basketball
- Boys & Girls Indoor Track

Spring Sports

- Varsity Baseball
- Varsity Softball
- Boys & Girls Outdoor Track
- Boxing Club

Date: ____/____/____

Student's Name: _____ Grade: _____ Workday: _____ Cell: (____)____-_____

Does your child suffer from asthma (*circle one*): Y / N

If yes, please be aware that your child is responsible for bringing his/her inhaler to every practice and game

In the space below, please indicate any medical conditions the coaching staff should be aware of:

Parent/Legal Guardian Contact(s):

Name: _____ Relationship to student: _____ Cell: (____)____-_____

Name: _____ Relationship to student: _____ Cell: (____)____-_____

I, (*parent's name*) _____, hereby give (*student's name*) _____, permission to participate as a student-athlete at Cristo Rey Brooklyn High School.

Parent/Legal Guardian's Name: _____ Parent/Legal Guardian's signature: _____

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done **Hypertension:** No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				

System Review and Abnormal Findings Listed Below

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
		<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS		
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					