



SAINT PASCHAL BAYLON SCHOOL

2024-2025 SPORTS PROGRAM

Saint Paschal Baylon School (SPBS) is proud to provide our students with a large, varied, thriving and competitive sports program. SPBS holds team practices Monday-Friday, plays other designated Catholic elementary schools in the Catholic Youth Organization (CYO), and/or participates in weekend middle school sports tournaments.

The fee for participation is \$100.00 per sport listed below. Payment is due in the office prior to the start of the first practice of the season. *All students* who will be playing (and practicing) on SPBS boys' or girls' athletic teams must complete: *Permission to Participate in the SPBS Sports Program Form*; *Archdiocesan Activity Permission Form*; and *Athletic Code of Conduct*, and return forms with a **check for \$100.00 to the school - prior to the first practice of the season (forms are available on the SPBS website: stpascalbaylonschool.org under "Forms").**

The \$100.00 fee is not a deposit: it covers the Catholic Youth Organization Sports League fees, referee fees, field rental fees, SPBS uniforms/polos, our annual Sports Banquet, a portion of the SPBS Varsity Jacket cost, insurance, and other expenses. **NOTE: Team uniforms and red polo shirts are provided by the school on loan and must be returned at the end of each season. If the student fails to return any part of the uniform and/or team polo shirt in a timely manner, the family will be billed by SPBS.**

Thank you for your interest, collaboration, and support of the SPBS sports program. We are looking forward to another successful BEARS sports season! Please remember that our SPBS student-athletes represent Saint Paschal Baylon School, and as such, will be held to all expectations of behavior outlined in the *SPBS Parent/Student Handbook*, and the SPBS "Athletic Code of Conduct" both on our campus, and on any other field of play.

If you have any questions please contact our SPBS Athletic Director, Mrs. Patricia Beck, at 805-495-9340, EXT.126

GO BEARS!

Mrs. Patricia Beck, SPBS Athletic Director

Mrs. Tara White, SPBS Assistant Athletic Director

Mr. Ryan Bushore, Principal

ARCHDIOCESE OF LOS ANGELES
SAINT PASCHAL BAYLON SCHOOL
STUDENT YOUTH ACTIVITY PERMISSION FORM



STUDENT'S NAME (Print): _____ GRADE: _____

Activity: **Catholic Youth Organization (CYO) Sports Program/SPBS Athletic Team**

Date: **2024-2025 School Year**

Cost: **\$100.00 per sport**

Educational Purpose: **To educate the "whole child", and fulfill our school SLE's through athletic competition**

Description of Activity: **Catholic Youth Organization Sports Program/SPBS Team Sports and all associated SPBS-sponsored athletic events/activities**

Mode of Transportation: ☐ Walk ☒ Car ☐ Bus ☐ Other (specify) _____

Teacher/Adult Leader: **SPBS Coach(es)** Attire: **FULL SPBS Team Uniform is REQUIRED for Games, in order to Participate**

I request that my son/daughter be permitted to participate in the above sport/team/activities. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form (SPBS "Emergency Card") to the school. I agree to direct my child to cooperate and conform to directions and instructions of the, school, parish or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, the Archdiocese of Los Angeles Education & Welfare Corporation, and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Parent/Guardian Signature

Date

Home Phone

Cell Phone

Work Phone

Email

Person to Notify in Case of Emergency - If Parent or Guardian Is Unavailable:

Name: _____

Day Phone: _____ Cell: _____ Email: _____

OFFICE USE ONLY

CHECK #: _____
JERSEY #: _____
SHORTS #: _____
SH. SHIRT #: _____
SH. PANTS #: _____
POLO SHIRT #: _____

SAINT PASCHAL BAYLON SCHOOL**SPORTS PERMISSION FORM/ RELEASE FOR THE 2024-2025 SCHOOL YEAR**

STUDENT ATHLETE'S LAST NAME, FIRST NAME _____

GRADE _____

SPORT _____

_____/_____/_____
BIRTHDATE

HOME ADDRESS: _____ HOME PHONE: _____

FATHER'S NAME: _____ CELL PHONE #: _____

MOTHER'S NAME: _____ CELL PHONE #: _____

INSURANCE: _____ GROUP / MEMBER #: _____

ALLERGIES, MEDICATIONS, ETC.: _____

I hereby request that my son/daughter* _____ attend/ participate in the Saint Paschal Baylon School Sports Program in the team listed above.

Students must be in the complete SPBS team uniform in order to participate in the game.

Transportation is the responsibility of the student athlete's parent and/or guardian – transportation is not provided nor arranged by the school for any games or tournaments. Students may not proceed to the Hall for practice or for a game without being accompanied by their SPBS Coach.

Furthermore, I do not hold anyone connected with this activity responsible if any misfortune should occur. I understand and support the fact that my son/daughter must comply with the directions given by the school to the group involved in this activity. I request that my child be permitted to participate in the above SPBS Sports Program. I agree to instruct my child to cooperate and conform to the directions and instructions of the supervisory personnel in charge of the team, and to represent SPBS with pride. I understand that my child's behavior on and off the playing field reflects on SPBS, and I will instruct them to behave appropriately.

I will discuss the SPBS Athletic "Code of Conduct" with my child, prior to having it signed. I will help my child understand that *losing with honor* is an important "life lesson". In addition, I understand that the 5th & 6th Grade "B" teams are considered more "instructional", and therefore efforts will be made by the coaches to allow some playing time for all players to participate in as many league games as possible, *based on the criteria for playing time established for each team by the coach.*

However, the SPBS 7th and 8th Grade "A" teams compete during the regular season, in order to earn a place in the Catholic Youth Organization Playoffs. Therefore, in those grades our SPBS teams are "competitive" and do try and win games as a goal, as well as having instructional skill building and team building as goals. This advanced level will therefore by its nature provide *less playing time for some players and more for others, again based on the criteria established for each time by the coach.* Please help your child understand there is inherent value to being on the team- no matter their skill level, even when they do not experience much playing time in games.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

* NOTE: A SEPARATE PERMISSION FORM / RELEASE MUST BE FILLED OUT FOR **EACH** STUDENT IN A FAMILY.

SAINT PASCHAL BAYLON SCHOOL SPORTS PROGRAM

SAINT PASCHAL BAYLON SCHOOL – ATHLETIC CODE OF CONDUCT AGREEMENT

ATHLETE'S NAME: _____ GRADE: _____

- 1. BE ON TIME AND READY TO PRACTICE OR PLAY EVERY DAY. BRING ALL NEEDED EQUIPMENT: PLAYERS MUST *BE IN FULL TEAM UNIFORM FOR ALL GAMES.***
2. YOU ARE EXPECTED TO BE AT ALL PRACTICES & GAMES. IF YOU ARE UNABLE TO ATTEND DUE TO ILLNESS, YOU MUST GIVE PRIOR NOTICE TO YOUR COACH.
3. GRADES AND SCHOOLWORK ARE A TOP PRIORITY. TAKE CARE OF BUSINESS IN THE CLASSROOM - ACADEMICALLY AND BEHAVIORALLY.
4. REPORT ALL INJURIES TO THE COACH IMMEDIATELY. LET THE COACH DETERMINE THE SEVERITY - NOBODY SHOULD PLAY THROUGH PAIN.
5. UNSPORTSMAN-LIKE CONDUCT WILL NOT BE TOLERATED. ANY "TRASH TALK" TO OPPONENTS OR TEAMMATES WILL BE DEALT WITH IMMEDIATELY AND SWIFTLY.
6. UNEXCUSED ABSENCES FROM PRACTICES OR GAMES WILL NOT BE TOLERATED. THE ATHLETE OR PARENT MUST CONTACT THE COACH PRIOR TO THE PRACTICE OR GAME THAT WILL BE MISSED DUE TO ILLNESS OR A "REASONABLE" EXCUSE.
7. REPRESENT SPBS WITH PRIDE AT ALL TIMES. YOUR ACTIONS AND BEHAVIOR ARE AN EXTENSION OF YOUR COACH AND SCHOOL. IT IS AN HONOR TO BE A "BEAR"!
8. PLAY HARD EACH MINUTE YOU ARE IN A GAME. NEVER GIVE UP REGARDLESS OF THE SCORE. ***BEARS WIN WITH PRIDE AND LOSE WITH HONOR!***
9. PLAYERS ARE EXPECTED TO PARTICIPATE IN WEEKEND TOURNAMENTS. IF IT IS NOT POSSIBLE TO PARTICIPATE, PLEASE GIVE YOUR COACH AMPLE NOTICE.
10. YOU UNDERSTAND THAT "BENCH PERSONNEL" ARE JUST AS IMPORTANT TO THE TEAM AS PLAYERS IN THE GAME – SO YOU AGREE TO SUPPORT AND CHEER ON ALL THE MEMBERS OF EACH TEAM, NEVER CRITICIZE ANY TEAMMATE, AND STAY POSITIVE! NEVER CRITICISE THE OPPOSING TEAM'S PLAYERS OR THEIR SKILL LEVEL. **GO BEARS!!**

I AGREE TO COMPLY WITH THE ABOVE "SPBS ATHLETIC CODE OF CONDUCT":

STUDENT SIGNATURE: DATE: _____

PARENT/GUARDIAN SIGNATURE: DATE: _____