



Holy Ghost Athletics

Parent/Student Information Guide



Holy Ghost
Catholic School
Fostering Faith, Learning & Service

Athletic Directors

This year Holy Ghost will have 2 Athletic Directors.

Mr. Jenkins and Mr. Chacon

Please contact them via Pass-A-Note (PAN on Sycamore) with any questions.



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Forms/Fees to be Handed in Prior to a Student Playing a Sport

1. Completed Physical Form (APIAL Medical History Report)
2. Completed Concussion Form (NMAA Concussion in Sports)
3. Completed Parent/Player Conduct Form
4. Completed Parent/Student Athletic Information Quiz

(all forms are at the end of this document)

5. Paid Athletic Fee of \$75 per sport, \$50 for the third or fourth sport in an academic year.
- **Items 1-4 are due by August 17th 2015 if your child is going to play a sport at any point in the 2015-16 school year. Athletic Fees are due prior to the first practice of the season.**



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Sports and Seasons

Girls Volleyball – August 18-October 10 (Fee due August 17th)

Soccer – August 18-October 10 (Fee due August 17th)

Flag Football – September 21-November 14 (Fee due September 18th)

Girls Basketball – October 12-December 12 (Fee due October 9th)

Boys Basketball – January 5-March 12 (Fee due January 5th)

Softball – February 16-April 29 (Fee due February 11th)

Track and Field – March 7-May 6 (Fee due March 4th)

Golf and Cross Country Track – TBD

Seasons are subject to change based on the league schedules.



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What are the academic requirements for students to play?

- Students who have 2 D's or 1 F at the grade check will be ineligible to practice or play in games/competitions.
- Students who are ineligible at the grade check **can** regain eligibility after two weeks.



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How Playing Time is Determined

1. Coaches determine playing time based on a player's efforts during practice and attendance at practices.
2. Coaches use the following guidelines to determine playing time:
 - C-Team: Coaches try to balance playing time for all players
 - JV & Varsity Teams: Coaches try to balance playing time but the playing time is more competitive. Some players will have more playing time especially during the end of year tournaments.
 - Soccer, Flag Football, and Softball have only a varsity team



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Responsibility of Student-Athletes & Parents Who Represents Holy Ghost

Everyone should conduct themselves in a manner that aligns with Holy Ghost's goal of "walking in the footsteps of Jesus." All parents and student-athletes are expected to exhibit good sportsmanship at all times **on the court/playing field and in the stands:**

1. No fighting, regardless of provocation
2. No taunting
3. No foul language
4. No trash talking
5. No harassing the referees
6. No coaching from the stands



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Responsibility of Student-Athletes & Parents Who Represents Holy Ghost

- **Any misconduct by students or parents will not be tolerated. Such misconduct will result in expulsion or removal from the event.**
- **If a parent is removed from an athletic event for misconduct, both the parent and the student athlete will be suspended for the remainder of the season.**
- **Parents may not have direct conversations with coaches or officials regarding any concern. If a concern arises, contact an Athletic Director or Principal. Do Not Speak to Coaches or Officials.**



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Parent Obligations During Events

- Parent involvement is a must for events/games to occur. Parents are required to assist with the following duties:
 - Concessions
 - Gate
 - Scoreboard
 - Scorebook
- A sign-up list will be on Sycamore. Parents are expected to sign up prior to the first game of the season.



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Where Do I Find Schedules?

All schedules, rules, and locations of events are found on the Parochial Athletic and Independent League website.

www.Apialsports.com

**APIAL MEDICAL HISTORY REPORT
FOR RESPECTIVE SCHOOL NURSE'S OFFICE AND FOR ATHLETIC PARTICIPATION**

School Name _____.

NOTE TO PARENTS/GUARDIANS: Please fill in the information requested below for our health records. When you have completed this Medical History Report, please ask your family health care provider to complete the Health Report on the back of this page. Return the completed reports to the school **no later than the second week of the school year.** **A copy of an updated shot record is required for all incoming 7th graders.** *All medical records are kept strictly confidential.*

Student's Name _____ Birth date _____ Grade _____
 Parent/Guardian's Name _____ Relationship _____
 Parent/Guardian's Phone Numbers: Home _____ Cell _____ Work _____
 Physician's Name _____ Phone _____
 Dentist's Name _____ Phone _____
 Insurance Plan _____ Phone _____

(Please attach proof of insurance)

Has the student ever had any of the following?

	Y	N		Y	N		Y	N
Asthma or lung disease			Seizures, fits or convulsions			Electroencephalogram (EEG)		
Allergies (list below)			Diabetes			Anemia		
Hearing difficulty in either ear			Spells of blurred vision or fuzzy vision or spots in front of eyes			Treatment for meningitis or bleeding		
Heart disease			Other vision difficulties			Wears contact lenses		
Behavior difficulty			Dental bridge or false teeth			Concussion or head injury		
Fainting spells			Pain in neck or stiff neck			Slipped disc or pinched nerve		
Defect of the spine or any other part of the body			Pain in shoulder blades			Tetanus toxid & booster inoculation within the past ten years		
Rheumatic fever			Numbness or tingling of hands or feet			An illness lasting more than a week Date:		
Kidney trouble			Weakness or paralysis of hand or leg			Presently under a physician's care		
List recent surgeries			Injuries requiring medical attention Date:			List current medications		

Please list allergies and any further comments:

I have reviewed this medical history report and, to the best of my knowledge, it is accurate. In signing this form, I authorize the school administration to provide medically necessary information about my child to those persons who have a need-to-know.

Parent/Guardian Signature

Date

**APIAL MEDICAL HISTORY REPORT
FOR RESPECTIVE SCHOOL NURSE'S OFFICE AND FOR ATHLETIC PARTICIPATION**

School Name _____.

Student's Name _____ Grade _____

To the Health Care Provider:

Please check "yes" or "no" to the questions below. If "yes" is checked, would you also specify your recommendations to the school in the space provided below. Also, please note vision test results.

- | | <u>NO</u> | <u>YES</u> |
|--|------------------|-------------------|
| 1. Is there any defect of vision, hearing, or speech for which the school could compensate by special seating or other action? | ___ | ___ |
| 2. Is there any physical defect, including nutritional status, which would limit the student's participation in: | | |
| Classroom activities? | ___ | ___ |
| Physical education? | ___ | ___ |
| Competitive athletics? | ___ | ___ |
| 3. Is the student subject to conditions, which make for classroom emergencies, e.g., epilepsy, fainting, diabetes, or allergies? | ___ | ___ |
| 4. Is there any mental, emotional, or physical condition of a privileged nature for which the student should remain under your periodic observation? | ___ | ___ |
| 5. Does this student have any other medical problem with which the school should be concerned? | ___ | ___ |

Additional comments:

Height _____ Weight _____ Pulse _____ Blood Pressure _____

	Normal	Abnormal	Remarks
Respiratory			
Cardiovascular			
Abdomen			
Hernia			
Musculoskeletal			
Neurological			
Deformities	****	****	
Surgical Scars	****	****	
Skin			
Genitalia			
Urinalysis (sugar)			

I certify that I have on this date reviewed the medical history and examined this individual and find that he/she is is not physically able to compete in supervised interscholastic athletics.

Examining Health Care Provider's Signature

Date of Examination

Address

Phone Number



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

Observed by the Parent / Guardian

- | | |
|--|---|
| <ul style="list-style-type: none">• Headache or “pressure” in head• Nausea or vomiting• Balance problems or dizziness• Double or blurry vision• Bothered by light• Bothered by noise• Feeling sluggish, hazy, foggy, or groggy• Difficulty paying attention• Memory problems• Confusion• Does not “feel right” | <ul style="list-style-type: none">• Is confused about assignment or position• Forgets an instruction• Is unsure of game, score, or opponent• Moves clumsily• Answers questions slowly• Loses consciousness (even briefly)• Shows behavior or personality changes• Can’t recall events after hit or fall• Appears dazed or stunned |
|--|---|

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

Parent / Guardian

- | | |
|--|--|
| <ul style="list-style-type: none">• TELL YOUR COACH IMMEDIATELY!• Inform Parents• Seek Medical Attention• Give Yourself Time to Recover | <ul style="list-style-type: none">• Seek Medical Attention• Keep Your Child Out of Play• Discuss Plan to Return with the Coach |
|--|--|

It’s better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER THE SB1

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of one week..
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

www.nmact.org

-or-

<http://legis.state.nm.us/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/sportsmed.aspx>

www.cdc.gov/ConcussionInYouthSports

www.stopsportsinjuries.org/concussion

<http://>

www.ncaa.org



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

Parent Player Conduct form

Albuquerque Parochial and Independent Athletic League Player, Parent & Spectator Code of Conduct

MISSION STATEMENT

To promote the spiritual, academic and physical welfare of its youth and good sportsmanship and fair play through all activities sponsored by APIAL.

APIAL has the following additional guidelines regarding conduct of its members. *(as per the APIAL constitution)*

- a. CONDUCT OF COACHES, ADs and PLAYERS - Coaches, ADs and players must conduct themselves in a Christian manner and must honor all judgment calls of the referees. Coaches and parents will be responsible for the acts of their team's players.
 1. Any act of violence shall mean removal from the contest.
 2. Any further act shall constitute removal from the gym/field. This applies to all persons present at the contest.
 3. Non-compliance to the above will result in a one-year suspension from APIAL.
 4. Any Coach/Athletic Director who does not conduct him/herself in a sportsmanlike manner will be suspended from participating in any contest for one year. Principals (or their representative), after consultation and mutual agreement with all coaches, referees, and other school representatives, have the right to stop any game if they feel it is harmful to the students. In such situations, the decision of the game will be brought to the board for final decision. Such games may end in a forfeit.

- b. CONDUCT OF FANS - Fans must conduct themselves in a Christian manner and must honor all judgment calls of the referees.
 1. Unsportsmanlike conduct (e.g., excessive noise during basketball free throws or volleyball serves) may result in a warning or removal from the gym/field.

We hold our student-athletes, coaches and parents to high standards of ethics and sportsmanship and we promote the development of good character and other important life skills. Integrity, fairness, and respect are lifetime values taught through athletics. They are also the principles of good sportsmanship. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations, and graceful acceptance of the results. The following is a guideline for Sportsmanship as outlined by the Albuquerque Parochial and Independent Athletic League (APIAL).

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

_____ / _____
Student-Athlete Signature / Date

_____ / _____
Parent/Guardian Signature / Date



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Parent & Student Athletic Information Quiz

Please discuss these questions with your student. Decide whether each statement is True or False. This signed form is a required form due on August 17th 2015.

1. Students can participate in practices but not in games until all 4 forms and Athletic Fees have been paid. **True False**
2. Students are eligible to practice and play with 1 D and 1 F. **True False**
3. Playing time is a coach's decision based on effort and attendance at practices.
True False
4. At practices and games, parents are expected to follow the same expectations as students. **True False**
5. Parents or Students who are removed from a game due to misconduct will miss the remainder of the season. **True False**
6. As a parent I can speak to referees and/or coaches about my concerns. **True False**
7. Parents are asked, but not required to help during home events/games.
True False
8. Game times and gym locations are available on the APIAL website. **True False**

We (student athlete and parents) have reviewed and agree to the Holy Ghost Athletic Information.

Student Name _____

Student Signature _____ Date _____

Parent Signature _____ Date _____