

**ST. JOSEPH SCHOOL**  
**Welcome to St. Joseph's Boys & Girls Soccer Team**  
**2010 Season**

**Summary 2009 Soccer Season**

Six years ago we joined the G.I.L. league in Essex County. This is a co-ed Catholic soccer league. We have won the County Championship for the last 6 years. Very exciting! This year we will have to defend our Championship Trophy and go for our seventh title.

**1) *What grades can participate?***

All boys and girls who will be in 5<sup>th</sup> thru 8<sup>th</sup> grade next year.

**2) *Are there tryouts?***

No. All children will make the team; however, playing time will be affected by the number of children playing on the team.

**3) *How do I sign up?***

Enclosed are four forms that you MUST complete – Registration, Permission to Participate, Emergency Medial Authorization and SAGE Forms (which MUST be signed by the parent, player and coach).

**4) *Where do I mail the forms?***

Please mail the forms to: **Scott Douglas 15 Twin Park Drive, Randolph, NJ 07869.**

**PLEASE DO NOT DROP OFF FORMS AT THE OFFICE**

**5) *What is the fee?***

Please enclose a check payable to St. Joseph School in the amount of \$100.00 for Grades 7 & 8, \$75.00 for Grades 5 & 6 with the above forms.

**6) *What is the deadline?***

All forms must be postmarked by June 25<sup>th</sup> to avoid late fees. The late fee in the fall will be \$125.00 (*New families will not be subject to late fees*).

**7) *What uniforms and equipment are required?***

All players will be given a team shirt. Players MUST wear cleats and shin guards. Black soccer socks and shorts should be worn to all games.

**8) *Who is the coach and when will we practice?***

Scott Douglas will be the coach and he is actively seeking interested assistant coaches and we will practice as fields become available (details to follow in late August). No more than 2 practices will be scheduled.

**9) *Should I join the town recreation and travel teams?***

Yes. This team will compliment your child's play with the town program. Remember, we only play and practice in September and October.

**10) *Donation***

If you would like to make a donation to our program, please add it to your Registration check. Thanks!

**11) *Drive Time to Fields!***

Some of the games are played in Essex County, which is 60 minutes away from St. Joseph School.

***If you have any questions, concerns or comments about our Soccer team, please call me on my cell 908.337.5797.***

Sincerely,

Scott Douglas  
Athletic Director  
St. Joseph School

**ST. JOSEPH SCHOOL**  
**2010 SOCCER REGISTRATION FORM**

**Instructions:**

- 1) Complete four **SEPARATE** forms – Soccer Registration Form, Permission to Participate, Emergency Medical Authorization and SAGE Form (which must be signed by the parent, players and coach) for **EACH** athlete.
- 2) Submit **SEPARATE** checks for each athlete.
- 3) *Make all checks payable to St. Joseph School.*

*Grades 5 & 6                      Registration Fee \$75.00*  
*Grades 7 & 8                      Registration Fee \$100.00*

**Late Fee (after 6/25/10)**  
*Grades 5 & 6                      Registration Fee \$100.00*  
*Grades 7 & 8                      Registration Fee \$125.00*

**REMINDER: Sign-up your child for the grade that he/she will be in next fall 2010.**

**Athlete:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Circle if you are willing to help with:**

**Scoreboard                      Team Parent                      Coach / Assistant Coach**

**Donation: If you would like to make a donation to our program, please add to your Registration Check.**

**MAIL TO:      Scott Douglas**  
**15 Twin Park Drive**  
**Randolph, NJ 07869**

## **PERMISSION TO PARTICIPATE**

**Athlete:** \_\_\_\_\_ **Sport:** SOCCER

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

***I (We) hereby permit my (our) son/daughter to participate on the soccer team and to engage in all activities related to the team, including, but not limited to trying out, practicing and playing in competitions. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries and serious injury to muscles, internal organs, and/or brain, associated with said participation and recognize the importance of following coaches' instructions regarding playing techniques, training guidelines and team rules. As part of this agreement to permit my (our) son/daughter to participate on the ST. JOSEPH SOCCER team, I (We) also agree to provide the school administration the following forms, fees or information:***

_____ <b>Physical Examination Form</b>	_____ <b>Insurance Waiver</b>
_____ <b>Emergency Medical Authorization</b>	_____ <b>Training Rules</b>
_____ <b>Eligibility Information</b>	_____ <b>Participation Fees</b>
_____ <b>Permission to Participate</b>	_____ <b>Team Rules</b>

***I (We) acknowledge that we have been properly advised, warned and cautioned by the administration and coaching personnel of the ST. JOSEPH school system that participation in athletics can result in an athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of injury from participation in SOCCER, it is our decision to consent to my (our) son's/daughter's participation.***

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Athlete's Signature**

\_\_\_\_\_  
**Date**

*Athletic Department*

## **EMERGENCY MEDICAL AUTHORIZATION**

**Purpose:** For parents/guardians to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

**Athlete:** \_\_\_\_\_ **Sport:** Soccer

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Name of School:** St. Joseph School

**Parent/Guardian:** \_\_\_\_\_

In the event reasonable attempts to contact me \_\_\_\_\_ (parent/guardian) are unsuccessful, I (We), the undersigned parent/legal guardian of \_\_\_\_\_ (athlete), do authorize any hospital, clinic or licensed physician to treat my/our child and administer any x-ray examination, anesthetic or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic or office.

Our preferred physician is \_\_\_\_\_ whose phone # is \_\_\_\_\_. Our preferred dentist is \_\_\_\_\_ whose phone # is \_\_\_\_\_. Our preferred hospital is \_\_\_\_\_. In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the school's athletic trainer or coach to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**List of restrictions/physical impairments:**

**List of special medications taken by child:**

**Athletic Department**

# St. Joseph School

## Sportsmanship

### Pledge

This Pledge summarizes important elements of the youth sports experience and sets out your commitment to Sportsmanship and Fair Play. Signing it is a condition of your participation in the St. Joseph School Athletic Program.

#### Important Information about youth and sports

Kids participate in sports primarily because it's fun. Adults need to keep it fun. Some adults get too emotional about youth sports because they are concerned about how their kids are doing, have the mistaken belief that winning is very important, or have a desire for glory through their kids' success. That last one is part of the concept of living through your kids.

Kids need to know that if they're trying their best, they are winners. Parents need to remember that their kids will not be great at everything. Recognizing that, parents can help most by relaxing and enjoying these fleeting years.

Placing too much pressure on kids to perform well creates stress that can detract from their fun and can affect their self esteem. Instructions shouted to players are distracting, usually too late, and sometimes inaccurate or in conflict with what the coach is teaching.

#### My Pledge to Set a Good Example

I will not be loud or negative towards players, referees, coaches or spectators. I acknowledge that failing to show respect for people who are doing the best they can set a bad example for our children and can result in my expulsion from the field of play. If someone else makes an inappropriate comment, I will not make a negative response that could lead to a confrontation. As a player, I should not act in a way that could lead to ejection from a match or embarrassment for my team.

When I coach I will remember that encouragement and praise for every child, not just the best athletes, are critically important to their self-esteem and their ability to achieve the most they can.

I recognize that striving to win, rather than winning itself, is what is important in sports and in life. Striving to win means doing the best you can.

I recognize that players must get playing time to improve and gain the confidence that helps them do the best they can. I acknowledge that this is more important than winning games.

I acknowledge that making mistakes and losing are part of life. I pledge that I will be tolerant of the mistakes of players, coaches, referees, and others. I recognize that mistakes are opportunities for learning.

I recognize that within the parameters of competition, sportsmanship and fair play are paramount. I pledge that I will commit to promoting an atmosphere of healthy competition to ensure fun for all participants.

I acknowledge that I have read and will follow the St. Joseph School Athletic Program Policy. I understand that its purpose is to encourage team and school spirit, unity, and emphasize Christian values in all aspects of competition.

I also understand that fairness and good sportsmanship are important to the St. Joseph community. Therefore, I agree that if I do not follow this commitment, I will be given a warning by the Athletic Director, the second infraction will be a one game suspension and the third will be suspension for the season.

Signed:

Signed:

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(Circle one: Player, Parent, Coach, Other)

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(Circle one: Player, Parent, Coach, Other)

Signed:

Signed:

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(Circle one: Player, Parent, Coach, Other)

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(Circle one: Player, Parent, Coach, Other)

Note: If a parent is also a coach, that parent should sign as a coach