

ST. JOSEPH VOLLEYBALL - 2022

Volleyball is back at St. Joseph School! After a long absence, volleyball will be coached by St. Joseph School staff members, Ms. Emily Udermann and Mrs. Angie Wells. The coaches will set the practice schedule.

➤ **NEW FOR 2022:** The Catholic Athletic Association is asking all coaches and players to fill out their online waiver each year. This waiver must be filled out prior to receiving a uniform. This waiver can be found on the CAA website (www.stpaulcaa.org). St. Joseph School asks that parents provide proof that this is filled out prior to the student being issued a jersey or uniform.

The volleyball fee for 2022 is **\$100** per student. This fee is used to offset expenses for the team entry fee, officiating, equipment, and uniforms. The fee will be paid through TADS. This fee must be paid and the CAA waiver signed before uniforms are handed out. Athletes will be provided a jersey. We are asking parents to provide black shorts, shoes, and knee pads for their child. If an athlete should choose to wear a shirt under their jersey, it must be a white shirt. Jerseys must be returned at the end of the season, washed and in good condition.

To minimize injuries, it is mandatory that knee pads be worn to all practices as well as games.

St. Joseph School does not arrange transportation for student athletes to games and/or practices. It is the parent's responsibility to ensure that their child gets to practices and games and is picked up promptly after all games and practices.

Please refer the Athletic Policy regarding eligibility. Parents, please be advised that should your student (s) grades fall below the set standards, they will not be able to play until grades are deemed satisfactory by Administration.

When practice starts, players may not practice without the permission slip. Please return the following permission slip to school at Welcome Back Night, or the first practice scheduled, whichever is first. Please support the volleyball program at St. Joseph School by attending the games.

Cris Meaden
St. Joseph School

August 2022

Dear Parents of St. Joseph School Volleyball Player:

To prolong the lifespan of the uniforms, there are a couple things that St. Joseph School would like you to keep in mind:

Prior to washing the uniform, please look at the fabric care label!

- ➔ Do not use bleach when washing the uniform
- ➔ Do not use fabric softener when washing the uniform
- ➔ Do not dry clean
- ➔ Do not iron
- ➔ Please tumble dry on low or hang dry

Following these directions will allow the uniforms to last many seasons! As the uniforms can snag, please make sure to use caution around pets.

As a parent of a volleyball player, we are entrusting you to ensure the care of the uniforms. St. Joseph School wants to have them returned at the end of the season in the same condition they were issued to the player, *including turning the uniform in laundered*. Please note that failure to return the uniform in good condition can result in a replacement cost to the player of \$75.

We are asking that each parent and player read these directions and return this form prior to the uniforms being issued. Uniforms will be issued when we receive the game schedule.

Thank you for your attention to this matter.

Cris Meaden
St. Joseph School

I/We _____ the parent (s) of _____
Have read and understand the conditions of receiving a volleyball uniform. We will return the uniform at the end of the season to St. Joseph School in good condition. If we fail to do so, we understand that we can be charged a replacement fee of \$75.

Signed: _____ Parent signature

_____ Player signature

_____ Date

St. Joseph School Volleyball 2022

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____

Parent/Guardian's name: _____

Home address: _____

Home/cell phone for both parents: _____ please indicate if home or cell phone.

I, _____, grant permission for my child, _____,
Parent or guardian's name *Child's name*

to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Joseph School – Rosemount.

A brief description of the activity follows:

Type of event: Volleyball games and practice

Location(s): St. Joseph School, CAA locations, and other locations as determined by the coaches

Individual in charge: Emily Udermann and Angie Wells

Duration of activity: Fall 2022

Mode of transportation to and from event: Parental Transportation to away games and practices or walking to practices.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (“participant”). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph School - Rosemount, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Joseph School – Rosemount the parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the activity for reasonable attorney’s fees and expenses arising in connection therewith.

Signature: _____ Date: _____

Photographs and Information: I understand that photos may be taken of my child participating in sports and may be used by either St. Joseph School and/or CAA (Catholic Athletic Association) for promotional purposes. I understand that St. Joseph School must submit a player roster to CAA, with athlete information. CAA may use this information to contact me in the future. _____ *parent initials*

CAA Waiver (new for 2022-2023): I understand that I must electronically sign a waiver for CAA (Catholic Athletic Association) one time per school year for my child to participate in sports. I agree to provide proof that this is completed prior to my child being issued a uniform or jersey.

_____ *parent initials*

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (*Of the following statements pertaining to medical matters, sign only those that are applicable.*)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of St. Joseph Church - Rosemount, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I understand that I will be responsible for any charges (collect phone calls, texts, emails) if a cell phone is not available. _____ *Parent Initials Date:* _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
