

EXTRA MILEAGE CLUB ACTIVITIES - Wednesday, Oct. 7th is National Walk to School Day! Mileage Club students who walk or ride their bike to school that day or any day that week will earn 5 punches on their card. Also, the Souls for Education walk is coming up . . . Mileage Club students who participate will earn 10 punches on their card. Please use the participation slip below (or write the same information on a scrap piece of paper). Slips with the below information should go to Leah Sealey via the school office or classroom backpack mail. Mileage Club is open to any student in 2nd, 3rd, or 4th grade. If you are interested in volunteering for Mileage Club (our biggest need is on Tuesdays 12-1pm) please contact Leah Sealey at leahsealey@hotmail.com or 414-774-0836.

Student Name _____ Grade _____

Participated in (check one or both that apply):

___ National Walk to School Day (any one day between Oct. 5-16)
for 5 punches on their card and/or

___ Souls for Education Walk (Oct. 17) for 10 punches on their card.

Parent signature _____
Return via office or backpack mail to: Leah Sealey

Trivia Night at St. Sebs!



Saturday, October 17

Doors open at 6:00 PM

Rule Review at 6:45 PM

Questions start at 7:00 PM SHARP

Join us in the Church Hall for a night of fellowship, fun, and fundraising. Register your team of 6-8 members (age 18 or older only) by filling out the form below and returning it to the school office. Teams must register and pay the entry fee of \$80 per team. Bring your own snacks, food, and beverages for your table!

All proceeds go to benefit the St. Sebastian School

Prizes awarded for: 1st Place, 2nd Place, 3rd Place, Best Team Name, Best Team Outfits(matching, colorful, funny, etc.) plus other fun contests!

Call or e-mail Mr. Hohl at 453-5830 / hohl@archmil.org with question.

Team Captain: _____ Team Name _____

Phone Number: _____ e-mail _____

Team Members:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Return \$80 to school office with payment by October 14

2015 St. Sebastian Basketball Registration Form

A separate registration form needs to be filled out for each athlete. The fee for basketball is \$100.00 per athlete. Checks should be made payable to St. Sebastian YAC. An athlete will not be considered fully registered until entire fee is paid. Teams will only be formed based on number of full registrants. Parents and athletes need to comply with all policies listed on this form.

Registration, Medical, Insurance, & Emergency Consent Information (Form 6145.d(a))

Athlete Name: _____ Birthdate: _____ Grade: _____ Gender: _____
T-Shirt Size: _____ Adult: S M L XL
Address/City/Zip: _____ (Circle) Youth: S M L XL
E-Mail Address(es): _____
Parents / Guardians: _____
Phone#: _____
Physician / Group: _____ Phone: _____ Preferred Hospital: _____
Insurance Company: _____ Group #: _____ Policy #: _____
Subscriber Name: _____ Preexisting Conditions: _____
Emergency Contact: _____

In the event of injury or illness I grant permission to any health care provider designated by St Sebastian coaches/YAC board members to provide my child any and all necessary medical care related to the injury or illness. I further understand I will be contacted as soon as practical as to the medical emergency and will be provided with all necessary information related to the medical emergency.

Parent Signature: _____ Date: _____

Risk Acknowledgement & Consent to Participate (Form 6145.2(h)):

I realize that there are numerous risks involved in participating in the sport of Volleyball. These risks could involve (but not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, paralysis and possible death. These risks could impair my child's future abilities to earn a living, engage in business, social and recreational activities and to generally enjoy life. I have been informed about the various risks associated with our child's participation in Volleyball and the potential injuries that may occur.

I assume all responsibilities and certify my child is in good physical condition and has undergone a complete sports physical exam by a licensed clinician in the past two years. Further, I am unaware of any medical condition that would inhibit my child's participation.

I agree to accept all the previously mentioned risks as a condition of my child's participation in volleyball.

Parent Signature: _____ Date: _____

Parent Volunteer Commitment:

As a parent, I recognize that there is a cost associated with maintaining a sports program and there is a need to raise funds in addition to the registration fee. I agree to work at least one assigned shift in the concession stand or admission table during the season per participating child. If I cannot make a shift, it is my responsibility to find someone else to work my shift. I recognize that failure to fulfill this obligation will result in a \$25 fine that must be paid before my child is allowed to register for another sport season. Parents that are coaches or YAC board members are not subject to this obligation.

Parent Signature: _____ Date: _____

Basketball

St. Sebastian Volleyball Registration Form - Page 2

Sportsmanship Pledge:

As a parent or student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and/or family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

Athlete Signature: _____

Date: _____

I understand that I may not be able to attend activities if I do not display good sportsmanship.

Parent Signature: _____

Date: _____

Concussion Awareness (Form 5141(b) 6145.2(l)):

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

I have read the Concussion Fact Sheets on the St. Sebastian website (www.saintsebastianonline.net/school/current-families/athletics/) and understand what a concussion is and how it might be caused. I also understand the common signs, symptoms and behaviors. I agree that the athlete must be removed from play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent Signature: _____

Date: _____

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature: _____

Date: _____