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SAMPLE C.Y.A.A. SPORTS PERMISSION FORM

Name of School

I/We, the parent(s)/guardian(s) of _____ request

Name of child

that the school allow my child to participate in the C.Y.A.A. after school sports program at _____ School. I understand that this will include travel to other schools on an activity bus. Also due to league fees, update of uniforms and the cost of officials each participant will have to pay \$10.00 per sport. This fee should be paid before the first game or arrangements made with the office or coach. This is non-refundable to those who drop out of the program, those who are suspended, and those who are academically ineligible due to grades or conduct. The participants are responsible for the uniforms and maintaining the condition in which they were given. If lost or damaged an additional \$25.00 will be charged.

We hereby release and save harmless _____ School or any and all of its employees from any and all liability for any harm arising to my/our son/daughter as a result of participating in the C.Y.A.A. after school sports.

Sincerely,

Parent/Guardian Signature Date Daytime phone

Check Sports for participation:

Boys: ___Flag Football ___Basketball ___Baseball

Girls: ___Volleyball ___Softball ___Basketball

___Cheerleading

In case of an emergency please contact _____
at _____.

DRIVER INFORMATION FORM

Driver

Name _____ Date of Birth _____
Address _____ Social Security # _____
Phone # _____
Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
Year of Vehicle _____
License Plate# _____ Date of Expiration _____
Registration Expiration date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____
Date of Policy Expiration _____ Liability Limits of Policy* _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$ 100,000/\$300,000)

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature

Date

TRANSPORTATION PROCEDURES

Bus transportation is the most desirable method to be utilized for any field trip, and whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided, if possible.

Leased Vehicles

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. If auto coverage is provided through Catholic Mutual, contact should be made with your Member Services Representative. **COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED VEHICLES.**

Private Passenger Vehicles

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question.

1. The driver must be 25 years of age or older.
2. The driver must have a valid, non-probationary drivers license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and valid and current license plates.
4. The vehicle must be insured to the following minimum limits:
\$ 100,000 per person/\$ 300,000 per occurrence.

A signed **Driver Information Form** on each vehicle must be submitted to the principal prior to the off-campus trip. (See Driver Information Form [website] - Form C.3e)

Each driver and/or chaperone should be given a copy of the approved itinerary including the route(s) to be followed and a summary of his/her responsibilities as well as an information sheet on each student for medical purposes. For off-campus trips other than interscholastic athletic field trips, the following supervision requirement should be maintained: for every ten students, there should be one adult.

TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Policy on Sexual Misconduct" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations where no other responsible adults are present..." are to be avoided. The directive of this provision requires that another adult should accompany Diocesan personnel who transport minors to and from field trips and outings.

Because of the limited number of participants in the _____ (name of program) of _____ (name of school) and the time of day in which program events will occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from the programs.

The Diocese permits **exceptions to this policy** only upon a showing by the school that:

- 1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and
- 2) a parent or guardian of any student participating in such program has consented in writing to allow such student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the parent/guardian of the minor person must consent in writing.

I, _____, of _____
(name of parent/guardian) (name of minor student)
have selected one of three alternatives below by checking the applicable box to indicate selection:

(1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**

I, _____, parent/guardian of _____, (name of student) a participant in the _____ (name of program) of _____ (name of school) hereby consent to allow the student named above to travel to and from program events in a vehicle occupied by a single adult person at any time during the school year 2007-2008. I further acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school. I further consent subject to the following additional conditions (if any): _____

(2) **NON-EXCEPTION**

I, _____, parent/guardian of _____, choose to have my child always travel in a 2 adult vehicle.

(3) **ASSUMPTION OF TRANSPORTATION RESPONSIBILITY**

I, _____, parent/guardian of _____, will solely provide transportation for my child to all activities away from the school campus.

(signature of parent/guardian)

(print name of parent/guardian)

State of Arizona
County of _____

Subscribed and sworn to before me this _____ day of _____, 200__.

Notary Public

My commission expires: _____

SAMPLE C.Y.A.A. EMERGENCY FORM

Name of School _____

Name _____

Address _____ Phone _____

Emergency Phone _____

Doctor To Be Called In Case Of An Accident

Name _____

Address _____ Phone _____

Hospital Preference _____

Insurance Company _____ Policy # _____

NOTE: In Case Of An Accident May We Choose A Physician?

YES _____ NO _____

Parent's Signature _____ Date _____

ACCIDENT/INJURY REPORT

Child's Name _____

Date of Accident/Injury _____

Time of day _____

Where did the Accident/Injury occur _____

Equipment involved _____

People involved _____

Witnesses: Name _____

Address _____

Street

City

Zip

Telephone _____

Name _____

Address _____

Street

City

Zip

Telephone _____

Describe the Accident/Injury

What action was taken

First Aid administered

First Aid administered by _____

What calls were made: (please circle those that apply)

911

Doctor/Clinic

Parents/Guardians

Hospital

_____ Other

No phone call needed

Appropriate school personnel were notified:

YES

NO

Signature

Date

Give completed Accident/Injury Report to the principal for the student's health file.

C.Y.A.A. COACHES SIGN OFF

School Year _____

I have read the philosophy, policies, rules and regulations contained in the Catholic Youth Athletic Association (C.Y.A.A.) Code of Conduct and Handbook. I agree to abide by these and all policies approved by the Diocese of Phoenix. I agree to abide by the C.Y.A.A. Philosophy and the obligations set forth in the Role of the Coach in the C.Y.A.A. Code of Conduct.

Coaches Signature _____
Date

Principals Signature _____
Date

SAMPLE GRADE REPORT

Date: Student Name:	Religion/Conduct		English/Conduct		Math/Conduct		Science/Conduct		Soc. Stud./Conduct		Other/Conduct	
Teachers initials:												

SAMPLE PARENT/STUDENT SIGN OFF

Name of School

School Year

I/We have read the philosophy, roles, rules and regulations contained in the parent/student handbook regarding the Catholic Youth Athletic Association (C.Y.A.A.).

I/We agree to abide by these and all policies approved by the school and the Diocese of Phoenix for students attending _____ School.

Student Signature _____ Date _____

Parent Signature _____ Date _____

SAMPLE CONSENT FOR EMERGENCY CARE

Name of School

Student _____ Grade _____

BE IT KNOWN that I, the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility.

DATED the _____ day of _____, 20_____

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Family Physician _____

Insurance Carrier _____ Policy/Group # _____

Home Address _____

Home Phone _____

Father's Work Phone _____

Mother's Work Phone _____

SAMPLE ATHLETIC MEDICAL AUTHORIZATION

Please Print: (Last Name) _____ (First Name) _____ (Initial) _____
 _____ Grade _____
 _____ Birthdate _____
 Eyes R _____ L _____ Glasses _____ Hearing R _____ L _____ Height _____ Weight _____
 Ear, Nose, Throat _____ Lungs _____
 Urinalysis _____ Diabetes _____ Pulse _____
 Blood Pressure and Heart _____ Heart Murmur _____
 Deformities or present illness _____ Prosthesis _____
 Hernia evidence _____ Concussion _____ Epilepsy _____ Other _____

Would athletic competition be injurious? _____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

_____ Date _____ Signature of Examining Physician _____

Health History

- | | |
|----------------------------|--------------------------|
| _____ allergy to bee sting | _____ heart murmur |
| _____ anemia | _____ hepatitis |
| _____ arthritis | _____ hernia |
| _____ asthma | _____ hives |
| _____ concussion | _____ kidney trouble |
| _____ diabetes | _____ migraine headaches |
| _____ eczema | _____ pneumonia |
| _____ emotional problems | _____ rheumatic fever |
| _____ epilepsy | _____ other |
| _____ fainting | _____ |

operations: _____
 (Include year)

fractures: _____
 (Include year)

To which drugs is the student allergic? _____

If student is now under medical treatment list reason and attending doctor: _____

Roman Catholic Diocese of Phoenix
Division of Formation and Education
Catholic Schools Volunteer Application form

Name: _____ School: _____

Street Address: _____
 _____ City _____ Zip _____

Phone: (H) _____ (W) _____ Social Security #: _____

Person to contact in case of an emergency: _____ Phone: _____

Special skills, training, and/or areas of interest you wish to share as a volunteer:

Days/hours available for volunteer work: _____

Previous volunteer experience (list most recent first):

Agency	Phone	Supervisor	Duties	From/To
1.				
2.				
3.				

Work experience (list most recent first):

Employer	Phone	Supervisor	Duties	From/To
1.				
2.				
3.				

Have you ever been discharged or asked to resign from any position? _____Yes _____No

If yes, explain:

How did you hear about volunteer opportunities in the Diocese of Phoenix?

PLEASE COMPLETE THE SECOND PAGE OF THIS APPLICATION

Page Two - Volunteer Application form

Please list three references:

Name	Title/Company	Phone	Address	How Long Known
1.				
2.				
3.				

Have you ever been convicted of a felony? _____Yes _____No
If yes, please explain:

I hereby certify that the information presented on this form is true, accurate and complete. I authorize the investigation of all statements contained in this application. I am aware that there is no remuneration for my services as a volunteer for the Diocese of Phoenix.

_____ Documentation of training on the Policy on Sexual Misconduct by Diocesan Personnel, Safe Environment, Code of Conduct is attached.

_____ I have not received training on the Policy on Sexual Misconduct by Diocesan Personnel, Safe Environment, Code of Conduct.

_____ Documentation of training on the Policy on Harassment Policy and Procedures

Signature: _____ Date: _____

Appendix L

**ROMAN CATHOLIC DIOCESE OF PHOENIX
DIVISION OF FORMATION AND EDUCATION
CATHOLIC SCHOOLS VOLUNTEER INFORMATION SHEET**

Name: _____ School: _____

Street Address: _____
City _____ Zip _____

Phone: (H) _____ (W) _____ Social Security #: _____

Please indicate if you are awaiting trial on, have ever been convicted of, or have ever admitted committing any of the following criminal offenses in the State of Arizona or similar offenses in another jurisdiction. Check all that apply:

_____ Sexual abuse of a minor

_____ Incest

_____ First or second degree murder

_____ Kidnapping

_____ Arson

_____ Contributing to the delinquency of a minor

_____ Commercial sexual exploitation of a minor

_____ Felony offenses involving distribution of marijuana or dangerous or narcotic drugs

_____ Burglary

_____ Robbery

_____ A dangerous crime against children as defined in A.R.S. 13-604.01

_____ Child Abuse

_____ Sexual conduct with a minor

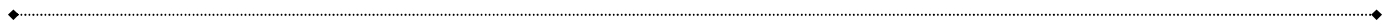
_____ Molestation of a child

_____ Voluntary manslaughter

_____ Aggravated assault

_____ I hereby certify that I am not awaiting trial on, have never been convicted of, and have never admitted committing any of the above criminal offenses in the State of Arizona or similar offenses in another jurisdiction.

Signature of applicant: _____ Date: _____



To be completed by a Notary Public:

Signature of Notary _____ Date _____

Date License Expires _____ Affix seal here:

TOURNAMENT PARTICIPATION FORM
Please submit a separate form for girls and boys sports for each season

_____ Our 7th/8th grade team(s) will be participating in the C.Y.A.A. _____ fall tournament
(indicate # _____ winter
of teams) _____ spring

School: _____

Coach: _____

Home Phone: _____

****This form must be turned in at tournament meetings.**

Please submit a separate form for girls and boys sports.

C.Y.A.A.
TOURNAMENT WITHDRAWAL
FORM

Tournament withdrawing from _____

School Name _____

Team Grade _____

Reason for Withdrawal _____

Date of Withdrawal _____

Athletic Director _____

Principal _____

Please FAX form to:

Vincent Rasole for Girls' sports (480) 967-6038

Gary Coffman for Boys' sports (602) 381-3256

**C.Y.A.A.
TOURNAMENT
SITE FORM**

Tournament Location _____

Tournament Dates _____

Time designated _____

Contact Name _____

Contact #'s (2) _____

Fees _____

Maintenance Required YES NO

Site Reserved: Gym Baseball field Softball field Other

Please describe designated area or gym below:

CYAA TOURNAMENT PITCHING RECORD

Date: _____

Coach: _____

Phone (W): _____

Team: _____

Phone (H): _____

Pitching Regulations: There must be 4 days rest between 6 innings pitched within a 7 day period. (Updated July, 2009)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Appendix P

FOOTBALL RULINGS ON VIOLATIONS AND PENALTIES

KEY: FOR THE FOLLOWING TABLE

L.O.S. - LINE OF SCRIMMAGE

S.O.F. - SPOT OF FOUL

BOTH – L.O.S. & S.O.F.

L.O.D. - LOSS OF DOWN

A.F.D. - AUTOMATIC FIRST DOWN

VIOLATION DEF	PENALTY	DOWN	ENFORCED FROM	OFF.