

July 2009

Dear Parents,

Welcome back to Norwood-Fontbonne Academy and the Athletic Program. We hope that you are enjoying a happy, healthy and relaxing summer.

Pre-season practices will begin on Monday August 31, 2009. Specific details are outlined in the schedule, which is included in this mailing. **To register for the fall sports teams, please contact Miss Porter via e-mail to (aporter@norfon.org) or fax (215-247-6731) by August 18th.**

NFA requires all students interested in participating in the Athletic Program to submit:

- **Eligibility Form**
- **Report of Physical Examination**
- **Emergency Information Form**
- **Player/Parent Code of Conduct Form**
- **E-mail Notification**
- **Athletic Fee**
 - ***First Child \$115.00**
 - ***Second Child \$110.00**

These forms are required for participation in the athletic program. These forms can be found at www.norwoodfontbonneacademy.org.

Your encouragement and support of Norwood-Fontbonne Athletics have always been the secret to our success. We ask you to continue this support by discussing the Code of Conduct with your son or daughter. Athletes will not be eligible for participation until these forms are on file in the Athletic Office.

The Try-out/Practice Schedule is an addendum to the Co-Curricular Booklet. It lists basic information for the sports offered this fall. Please refer to the Co-Curricular Booklet for further details, which will be available in early August.

Athletic fees support coaches and referees salaries, equipment, uniforms, field rentals and bus transportation. Fees and all forms for fall athletics are due on the first day of practice. They should come with your child on the first day of practice. If your child's paperwork is not on file, he/she will not be admitted to practice. No exceptions will be granted.

Thank you for your cooperation in these important matters.

Sincerely,

Anne Porter
Athletic Director

2009 FALL SPORTS TRYOUT AND PRACTICE SCHEDULE

TEAM	STARTING DATE	PRACTICE DAYS	PLACE	COACHES
<u>FOOTBALL</u> Varsity Grades 7&8	*Pre-season Open Practice August 31, 2009 Equipment Distribution V 9-11 JV 11-12	Monday Tuesday Wednesday Friday 3:15-5:30	Crefeld School Norwood Field St. Michael's Field Fontbonne Field LaSalle College High School	James Rockenbach Kevin Vaughn
Junior Varsity Grades 4-6	Practice V 10-12 JV 12-2			
<u>FIELD HOCKEY</u> Varsity Grades 7&8	*Pre-season Open Practice August 31, 2009 Time 10-12 Tryouts September 14-16, 2009 3:15-5:15	Monday Tuesday Wednesday Thursday 3:15-5:30	Mount St. Joseph Academy Lower Field	Anne Porter Annmarie Greenberg
Junior Varsity Grades 5&6				
<u>SOCCER</u> Varsity Grades 7&8	*Pre-season Open Practice August 31, 2009 Time 3:30-5:00 Tryouts September 14-16, 2009 3:15-5:00	Monday Tuesday Wednesday Thursday 3:15-5:15	Watertown Recreation Center	Patrick Moses Molly Kelly
Junior Varsity Grades 4-6 Gold and Blue *Tentative				

Soccer and football are open to boys and girls.

One-way bus transportation will be provided for soccer practice. Pick up is at the Water Tower is at 5:15.

Two-way bus transportation will be provided to Mount Saint Joseph Academy for field hockey practice. Pick up is at Norwood at 5:30.

Pick-up for varsity and Junior varsity football is at Norwood at 5:30.

Two-way bus transportation will be provided for away games. Pick up is on the Norwood Campus.

Please refer to the school Co-Curricular Booklet for further details.

July 2, 2009

Dear Parents/Guardians:

The Physical Examination form for your children entering grades 4-8 in the fall of 2009 must be completed. Pennsylvania law and the School District of Philadelphia require physical examinations for all students who participate in athletic programs. The Physical form is to be completed by your doctor (both sides). The back page also needs to be completed by a parent or guardian. **Participation in Interscholastic and/or Intramural Sports will be denied any student for whom there is no Physical Examination form on file in the Athletic Office.**

Attached is the physical form. Please print a copy for each of your children entering grades 4-8. Students in 6th grade received the form from the School Nurse, Mrs. Carolyn Seaton. Please be sure to make a copy of your paperwork for the athletic department. Both sides of the physical form must be filled out and signed by the Physician and the parent or guardian. The attached form is the only form we can accept. It is also available on NFA's website on the athletic link. Please make arrangements with your personal physician as soon as possible.

Opening day for fall sports is August 31, 2009. ***A physical must be submitted on the first day of practice or your child will not be able to participate.*** Physicals must be received by the athletic department before your child can participate in practice. Your child needs to bring the paperwork with him or her to be admitted to practice. If you are mailing the forms, please be sure they arrive on or before August 15, 2009. You should also make a copy of the form for your files.

Thank you very much for your attention to this matter. I appreciate your help in submitting the forms by August 15, 2009 or on the first day of practice. If you have any questions or concerns, please contact me at aporter@norfon.org or 215-247-3811 Ext. 248.

Sincerely,

Anne F. Porter

Director of Athletics

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Name of Student	Date of Birth	Student ID #	Grade
Name of School	Room/Section/Book	Date Issued	

TO THE CARE PROVIDER (Please complete all items)

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

RECORD OF VACCINE ADMINISTRATION

Please attach complete immunization record including serology results if available.

■ Allergies _____ ■ Date of last PPD _____ Result _____ mm

Does this student have health insurance? ___ Yes ___ No Name of Insurance Provider: _____

RECORD THE FOLLOWING

1.	Visual Acuity: Without Glasses: R _____ L _____	With Glasses: R _____ L _____		
2.	Audiometric Screening: R _____ L _____	3. BP _____		
4.	Height _____ inches / cm	Weight _____ lb. / kg	BMI percentile _____	
5.	Scoliosis Screening: ___ Normal ___ Abnormal ___ Referred ___ No Referral			
6.	Activity Recommendation: ___ Full Physical Activity ___ Restricted Physical Activity <small>(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)</small> Specify Restrictions: _____			
7.	List all medications currently being taken: Medication: _____ Reason: _____			
8.	List ALL problems by history or examination: _____ Circle status of problem			
	1. _____	Under Care	Care Complete	Referred
	2. _____	Under Care	Care Complete	Referred
	3. _____	Under Care	Care Complete	Referred
	___ No Problems Identified			

Comments / follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
	Fax	
Address	Date of Exam	

THE SCHOOL DISTRICT OF PHILADELPHIA
Report on Interscholastic Athletic Participation

School Year Ending June: _____

Name of Student	Date of Birth	Room/Section/Book	Grade
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TO THE CARE PROVIDER:

- | | | | |
|---|--------------------------|--------------------------|--|
| | <u>Yes</u> | <u>No</u> | |
| 1. I have examined the student named on this form.
(if yes, please report results on other side) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. I find this student physically qualified to practice for
and participate in ALL competitive games / sports. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. List any special instructions or limitations for sports participation. | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Signature of Care Provider (REQUIRED)	Telephone
Address	Date

To the Parent / Guardian:

1. Does this student have health insurance? Yes No

2. Name of Insurance Provider	Policy #
3. Emergency Contact	Telephone
	Relationship

I hereby give consent to this student named above to practice for and participate in ALL competitive games / sports . I give my permission for travel to and from these programs. I am fully aware of his / her health condition and limitations, if any. I allow this student to receive any emergency treatment deemed necessary by the medical personnel designated by the program authorities.

Signature of Parent / Guardian (REQUIRED)	Telephone
Address	Date

PLAYER AND PARENT/GUARDIAN CODE OF CONDUCT

Player Agreement

I agree to:

- Treat coaches, teammates, opponents, referees and spectators with courtesy and respect.
- Play to win but always fairly and with good sportsmanship.
- Accept the decisions of referees without gesture or argument.
- Control my temper and not use inappropriate, derogatory or vulgar language.
- Never criticize the play of others and never blame others for my mistakes.
- Follow the instructions of my coach without argument. This includes instructions regarding playing time and position.
- Work hard, concentrate, cooperate and not be disruptive in practices and games.
- Play my part in arriving on time to practices and games.
- Obey any team rules the coach puts in place.

Parent/Guardian Agreement

I understand that:

The organization policy is that the use of alcohol and tobacco products by parents and other spectators is not permitted at games and practices.

I agree to:

- Not to coach or give instructions to the players including my own child during games and practices.
- Never openly express criticism for players of either team.
- Never openly criticize referees during a game.
- Never confront the coach or team manager with emotional issues in front of the players.
- Never use inappropriate, derogatory or vulgar language during a game or practice.
- Ensure that my child has the means to arrive and be picked up on time for practices and games.
- Encourage my child to be the best team player that he or she can be!

Player's Name (Print) _____

Player Signature _____

Mother's Signature _____

Father's Signature _____

Athletic Department Emergency Information

Child's Name _____ Grade and Homeroom _____

Date of Birth _____ Age _____ Home Phone _____

Address _____

Father's Name _____ Father's Home Phone _____

Father's Address _____

Mother's Name _____ Mother's Home Phone _____

Mother's Address _____

Parent Contact Information

Mother

Father

Day Phone _____

Cell Phone _____

E-mail _____

In an emergency and parents cannot be reached, who do we contact? _____

Phone _____ Cell Phone _____

Family Doctor _____ Phone _____

Known allergies and/or medical conditions we should be aware of.

Permission is hereby granted for my child to participate in the Norwood-Fontbonne Academy Athletic Program.

Parent Signature _____ Date _____

Memo To: Athletic Teams and Parents
From: Athletic Director
RE: Communication

Dear Parents/Guardians:

Communication between parents and the athletic department can cause some confusion. To alleviate this situation, I would like to set up e-mail accounts for all teams. This will allow communication with you when the need arises. Please complete the form below with your information and the accounts will be set up as soon as possible. Thank you for your cooperation.

As always, the schedule of the day is always available via telephone. The current daily message will be available to you by 10:00 AM. It will be changed if necessary throughout the day. Please dial the school number and push #3 for offices and then #2 for the Athletic Office. From there, it will direct you the schedule of the day and to voice mail for the Athletic Directors.

Please detach and return to the Athletic Office at your earliest convenience

Athletic Department E-Mail Notification Form

Name _____

Team (Please circle)

Fall Sports

Winter Sports

Spring Sports

JV Field Hockey

JV Basketball

Softball

Varsity Field Hockey

Girls

Baseball

Boys

JV Football

Varsity Basketball

Girls' Lacrosse

Varsity Football

Girls

Boys' Lacrosse

JV Soccer

Boys

Varsity Soccer

Intramural Basketball

Indoor Soccer

Intramural Field Hockey

Please indicate below the e-mail addresses you want us to use to notify you when changes are necessary. **Please print clearly.**

Mother _____

Father _____

Other _____

