Welcome Eagles!

This booklet contains all of the information and approval forms that must be completed, signed, and returned by the parents of all players before the player will receive their uniform and be allowed to participate in the SMCHS Girls Soccer Program. It is very important that each parent thoroughly read and review all attached forms.

By signing the approval forms, you are indicating that you 1) understand the risks that may be associated with your daughter’s participation in the SMCHS Soccer Program and that you agree to accept those risks, 2) understand the rules applicable to your daughter’s participation in the SMCHS Soccer Program, and that you and your daughter agree to abide by those rules, and 3) have received your daughter’s SMCHS issued soccer equipment and agree to be responsible for its care and return at the end of the soccer season.

The team fee for this season is $1,300 for all levels. Payment needs to be made before or at the Player/Parent meeting on November 7th. Please make your checks payable to SM Girls Soccer. In addition, all attached player forms must be printed, completed, and returned before or at the Player/Parent meeting. Once payment is made and forms are complete, each player will receive their bag and uniform.

If you have any questions regarding any of the forms in this booklet, be sure to have them answered to your satisfaction before signing.

Thank you,

Coach Chuck Morales
Santa Margarita Catholic High School  
Girl’s Soccer  
Sports and Youth Activity - Permission Form & Release

**Description of Youth Activity:** Participation in girls soccer including, but not limited to, soccer games, practice, transportation, conditioning, and any team tournaments.

Student Name: ________________________ Grade: ____ Birth Date: __________

Parent/Guardian Name: ____________________________

Phone (Home): ___________________________ (Work): ___________________________

Address: ________________________________________________________________

Person (other than parent) to notify in case of emergency: _______________________

Phone: ___________________________________________________________________

I, the parent/guardian of the above named student, hereby give my permission for his/her participation in the sports and youth activity, including transportation to and from this activity. I agree to direct my child to cooperate and conform with directions of the school. I agree that in the event my child is injured as a result of his/her participation in the activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse, and I agree to hold the Diocese of Orange, its related entities, employees, agents and volunteers, free and harmless from all liability or claims which may arise out of participation in this sports or other activity. I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity. I understand that participation in the sports and activities are completely voluntary and not required for class credit.

I understand that injuries may result from participating in the sports and other activities which injuries may include without limitation; sprains, fractured bones, cuts and abrasions, loss of consciousness, head, neck or back injury or paralysis.

I hereby give my permission to the physician or dentist selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist and consent to any medical or surgical or dental exam or diagnosis and hospital care and treatment rendered. I authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of any sports activity and my and my child’s participation therein, and the publication or other use thereof, without compensation.

Parent/Guardian Signature: ____________________________________________________

Date: ______________________________________________________________________

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ATHLETES’ CODE OF ETHICS

Athletics is an integral part of the school’s total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school’s stated goals and objectives established for the intellectual, physical, social, and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

• Place academic achievement as the highest priority.
• Show respect for teammates, opponents, officials, and coaches.
• Respect the integrity and judgment of game officials.
• Exhibit fair play, sportsmanship, and proper conduct on and off the playing field.
• Maintain a high level of safety awareness.
• Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
• Adhere to the established rules and standards of the game to be played.
• Respect all equipment and use it safely and appropriately.
• Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids, or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
• Know and follow all state, section, and school athletic rules and regulations as they pertain to eligibility and sports participation.
• Win with character, lose with dignity.

Parent’s Signature:__________________________________________Date:____________

School:_____________________________________________________________________________

Athlete’s Signature:__________________________________________Date:____________

A copy of this form must be kept on file at the Athlete Director’s office at the local High School on an annual basis.

WAIVER FOR STUDENT TO DRIVE TO GAMES

Student Name ______________________________
I authorize the above named student to drive to and from any games that a bus is not provided by the school.

YES____  NO_____

I further authorize her to ride to or from games with:

SMCHS Coaches:  YES____  NO_____
SMCHS Staff/Parents: YES____  NO_____
SMCHS Sibling: YES____  NO_____

Specific Others: Please List All Parties (cannot be another student):

___________________________________________________
___________________________________________________
___________________________________________________

I release Santa Margarita Catholic High School and the Diocese of Orange of all liability while my child travels to and from school events.

Parent/Guardian Signature:________________________________________

Date:__________________________________________________________
Santa Margarita Catholic High School
Girl’s Soccer

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A portion of the fees collected by the SMCHS Girl’s Soccer Program is used to purchase our soccer uniforms and apparel. Listed below is the check sheet detailing what is to be returned at the conclusion of the season.

Uniform Pieces
• Two Jerseys (Blue & White)
• Shorts (Blue)
• Goalie Jersey (for goalie only)

Issued Apparel
• Warm-up Jacket (Blue)
• Warm-up Pants (Black)
• Soccer Bag
• Team Parka (JV & Varsity only)

I will return all issued uniform pieces and apparel in the same condition as when received, except for normal wear and tear. I understand that I will be billed for and I agree to pay the amount charged for anything that is not returned and/or damaged:

Print Player Name:_____________________________________
Parent/Guardian Signature:_____________________________________
Date:_____________________________________________________

GUIDELINE APPROVAL

I have read, understand and agree to abide by the Santa Margarita Catholic High School Girl’s Soccer Guidelines set forth in the handout of the Parent’s Handbook.

I understand that there is no guarantee of play time for any Player at any Level.

Parent Signature_________________________________Date_____________________
Player Signature_________________________________Date_____________________

Player Cell Phone Number (used for team notifications): ______________________
Santa Margarita Catholic High School
Girl’s Soccer

Player Name/Team: ________________________________ (F/S, JV, or Varsity)

Parent Volunteer-Sign-Up Sheet

There are always many volunteer opportunities for each team. If you have an interest in helping out with any of the items listed below, please let us know.

Father Name: ____________________________________________
E-mail: ____________________________________________

Mother Name: ____________________________________________
E-mail: ____________________________________________

Indicate your selection by filling in the space with an “F” for father, “M” for mother, or “B” for both.

- Team Photographer (may share with other parents) _____
- Team Videographer (video segments of selected games) _____
- TOPSoccer _____
- Game Day Nutrition Volunteer _____
- Adopt-A-Family Host _____
- Team Pasta Party Host _____
- Secret Santa/Holiday Party Host _____
- Parent Driver for Events* (see below) _____

*Events may include Pasta Dinner, Friday Bonding, Adopt-A-Family, and Game Day if needed.
SPONSORSHIPS

The soccer program is always in need of help to maintain its high level. Please consider sponsoring, fully or partially, one of the following events:

- TOP Soccer Food $500
- TOPSoccer-Entertainment $250
- TOPSoccer-Games $100
- Adopt a Family $75
- Awards Banquet-Centerpieces $50
- Awards Banquet-Decorations $25

If you would willing to support any of the below listed SPONSORSHIP categories, in full or in part, please complete the form and submit it to Diane Calcaterra.

Sponsorships (Full or Partial)

Name:______________________________________________________
Daughter’s Name:____________________________________________
Address:____________________________________________________

Sponsorship Selected:______________________________
Sponsorship Amount:______________________________

Thank You for your generosity!