

SICR Document #1A

Authorization for Participation in a Field Trip

PART I: To be completed by sponsoring school organization/department activity.

Saint Ignatius College Prep, 1076 W. Roosevelt Road, Chicago, will sponsor a field trip.

Sponsor is St. Ignatius Chicago Rowing Teams Boys/Girls

on See Attachment A 2019/2020

Supervisor of this outing is St. Ignatius Chicago Rowing Team Coaches

Destination and purpose of this trip is: See Attachment A

Charges to be paid by the student for this outing are: Included in Team Fees

PART II: To be signed by the student.

I wish to participate in the outing described above. If I am permitted to go, I promise to observe the applicable school rules and the directions of those in charge.

Date: _____ Student Signature: _____

SICR Document #1B

PART III: To be completed and signed by student's parent(s)/guardian(s).

The undersign grants permission to the designated representative of Saint Ignatius College Prep to authorize the emergency medical treatment considered necessary by qualified medical personnel for the student whose name appears below. The authorization is for school days and at school sponsored events as stated in the school insurance policy while the student is in the attendance at Saint Ignatius College Prep. It is understood that every effort will be made to contact the parents/guardians immediately when an emergency occurs.

Student Name: _____

Student Date of Birth: _____

Student Medical Conditions/Allergies: _____

Student Current Medications: _____

Student Home Address: _____

Parent/Guardian Home Phone #: _____

Relative/Friend Emergency Contact: _____

Emergency Contact Phone #: _____

I have read and understand all three parts of this form. _____ is hereby given my permission to participate in the activity described above. I further authorize Saint Ignatius College Prep to change this activity, or even cancel it, if such change or cancellation appears necessary or desirable in the judgment of an appropriate official of the school, provided such a change or cancellation does not materially increase the expenses of the student or his/her parents or guardians set forth above, and provided also that any changes do not notably affect the character of the activity. My permission is given with the additional understanding that the school's accident insurance is applicable.

My child has permission to travel to and/or from this activity as indicated below by my initials on the appropriate line or lines below: (initial all for which you grant permission).

- _____ With a coach, faculty member or representative of Saint Ignatius in a school vehicle or school procured vehicle.
- _____ In a privately owned vehicle of a coach, faculty member, or representative of Saint Ignatius.
- _____ In another student's vehicle.
- _____ Driving our family vehicle.
- _____ I grant permission for my student to transport other students in our family vehicle.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

APPENDIX A

Saint Ignatius Chicago Rowing
2019 Fall Regatta Schedule (Tentative)
(As of 6/22/19)

Regatta Date(s)	Regatta Name	Location	Travel By	Need To Miss School	Arrival At Location	Varsity And JV	Novice
Saturday 9/21/19	Milwaukee River Challenge	Milwaukee, WI	Parent Carpools	No	Night Before / Morning of	Yes	No
Saturday 9/28/19	Frogtown Regatta	Toledo, OH	Parent Carpools	No	Night Before	Yes	No
Saturday 9/28/19	Tough Cup	Chicago, IL	Parent Carpools	No	Morning of	No	Yes
Saturday 10/5/19	ROWtoberfest	Chicago, IL	Parent Carpools	No	Morning of	Yes	Yes
Sunday 10/13/19	Head of the Rock	Rockford, IL	Parent Carpools	No	Night Before / Morning of	Yes	Yes
Saturday Sunday 10/19-20/19	54th Head of the Charles	Boston, MA	Parent Provided Travel	Yes	Day Before	Select Crews	No
(TBD)	The Jesuit Cup - Saint Ignatius and Loyola	Skokie, IL	Parent Carpools	No	Morning of	Yes	Yes



PHYSICAL THERAPY • OCCUPATIONAL THERAPY

CONSENT TO TREAT AND EMERGENCY CONTACT INFORMATION FORM

SPORT: _____

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

DATE OF BIRTH: _____

YEAR: _____

Fr.

So.

Jr.

Sr.

TELEPHONE: _____

HOME: _____

CELL: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

RELATION: _____

EMERGENCY CONTACT NUMBER: _____

PRIMARY CARE PHYSICIAN (IF APPLICABLE): _____

ORTHOPEDIC PHYSICIAN (IF APPLICABLE): _____

INSURANCE NAME: _____

EXPIRATION DATE: _____

PLEASE LIST ANY SIGNIFICANT INJURIES, ALLERGIES, AND DATES OF SURGERY:

I freely and voluntarily assume all risks of participation in school-approved athletics/activities. I also give consent to have AthletiCo athletic trainers, physical therapists, massage therapists or other personnel to provide me with medical assistance and/or treatment and agree to save and hold harmless and indemnify each and all AthletiCo personnel from all liability, loss, cost, or other claim of damage whatsoever, including, injury, death or damage to property.

If participant is under the age of 18, waiver must also have parent or legal guardian signature.

 PLAYER/PARENT SIGNATURE

 DATE



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____

Signature of parent/guardian _____

Date _____



Pre-participation Examination


PHYSICAL EXAMINATION FORM

Name _____

Last

First

Middle

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	(/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>



IHSA Sports Medicine Acknowledgement & Consent Form

IHSA Performance-Enhancing Substance Testing Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2013-14/2013-14%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2013-14/2013-14%20IHSA%20Banned%20Drugs.pdf>

insert Consent Language here (w/o signature lines)

IHSA Steroid Testing Policy Consent to Random Testing

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication _____

Purpose _____

Dosage _____

Time/Special Circumstances _____

Printed Name of Physician Signature of Physician Date

I, _____, do hereby give my son/daughter, _____,
Permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date



Saint Ignatius Chicago Rowing
SICR Document #3

**Parent/Guardian Consent to Medical Treatment /
Consent to Disclose of Protected Health Information**

In the event of an emergency, I authorize Saint Ignatius Chicago Rowing to facilitate the provision of emergency and other appropriate medical treatment of any injury or illness my child may sustain and I hereby give permission to qualified medical personnel to provide such treatment to my child as they deem necessary or appropriate including without limitation hospitalization, medical tests, injections, the provision of anesthesia and surgery. I also agree that any of my emergency contacts listed on the SportNgin Emergency Contact list may be notified in an emergency, as needed. I hereby hold harmless Saint Ignatius Chicago Rowing from any losses or liability arising out of Saint Ignatius Chicago Rowing's facilitation of the provision of medical treatment.

I hereby authorize Saint Ignatius Chicago Rowing to release and or obtain information regarding my child's protected health information and any related information relating to any injury or illness while my child is a Saint Ignatius Chicago Rowing athlete. This protected health information may be released by Saint Ignatius Chicago Rowing to health care providers, hospitals, medical clinics, laboratories, coaches, insurance companies and school administrators. To the extent my child's health information may be deemed protected by federal regulations under the Health Insurance Portability and Accountability Act (HIPPA), by signing below, I authorize disclosure of such information under HIPPA.

PLEASE PRINT ROWER'S NAME AND GUARDIAN NAME AND SIGN WHERE INDICATED.

Rowers Name

Guardian's Name

Guardian's Phone Number

Guardian's Signature

Date

******This consent is valid for the 2019/2020 School Year; and includes summer sessions******



Saint Ignatius Chicago Rowing, Inc. Waiver
SICR Document #4

IN CONSIDERATION of being given the opportunity to participate in SAINT IGNATIUS CHICAGO ROWING ("Club") activities including but not limited to any regatta, scrimmage, practice or event ("Activities" or "Activity"), during the period running **July 1, 2019** through **August 31, 2020**, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activities.
2. FULLY UNDERSTAND that: (a) THE ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) THESE Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue the Club, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place (each considered one of the Releasees herein), from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnify agreement, I, or anyone in my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees, from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____

Signature: _____

Date: _____

PARENTAL CONSENT (if the Participant is under the age of 18)

AND I, the minor's parent and/or legal guardian, understand the nature of the Activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activities. I hereby acknowledge and agree to each of items 1 through 4 above on my own behalf, and on behalf of Participant, and release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the Activities, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____

Date: _____

Parent/Guardian Signature (only if participant is under the age of 18): _____



St. Ignatius Chicago Rowing
SICR Document #5

SWIMMING PROFICIENCY CERTIFICATION

This form is only required for rowers **NEW** to the SICR program and **must be submitted in order for the new rower to participate in on the water practices and competitions.**

Rower/coxswain: _____

Location of test: _____

I have witnessed the above-named individual successfully perform the following swimming test:

1. Keep himself/herself afloat in water for five minutes in a competent manner
2. Swim 100 yards unaided in a competent manner

I also declare that I am a certified lifeguard/swim instructor as of the date the swimming test was completed and can provide such documentation if called upon to do so.

Certifier's Name (please print)

Signature

Date

Parent/Guardian's Name

Signature

Date

**** This test can be administered by any facility with a certified lifeguard/swim instructor, i.e. YMCA, Lifetime Fitness, local pool, etc.**



Saint Ignatius Chicago Rowing
SICR Document #6

June 20, 2019

Dean of Students
Athletic Director
Assistant Athletic Director
Saint Ignatius College Prep
1076 West Roosevelt
Chicago, IL 60608

Re: Anticipated Absence from Classes on Friday, May 8, 2020

Dear Dean and Athletic Directors:

My Child, _____ is on the St. Ignatius Chicago Rowing Team and has been invited and qualified to participate in the Midwest Scholastic Championships Regatta in Nashport, Ohio on May 8, 2020. In order for my scholar/athlete to effectively represent St. Ignatius Chicago Rowing, s/he needs to arrive in Nashport and practice on the race course on May 8, 2020. This would necessarily require my child to miss classes on Friday, May 8, 2020.

I ask that my child be excused from attending classes on Friday, May 8, 2020 and that s/he be allowed to make up any missed work. My child understands that s/he is responsible for obtaining assignments and covering material missed during the anticipated absence. S/he is making every effort to be allowed to make up any test, and s/he understands that whether or not tests are allowed to be made up is at the discretion of the individual teachers. S/he will maintain responsibility for determining the credit status of missed work, tests, and class time from each teacher before being absent.

If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Parent's name: _____

Home phone: _____

Work phone: _____

Cell phone: _____



St. Ignatius Chicago Rowing

SICR Document #7

Fall 2019 Payment Request Form

If you are requesting a payment plan and wish to mail payment, please include the initial payment (made payable to Ignatius Chicago Rowing) with this form and describe the payment schedule below (e.g. "\$250 per month" or "\$175 now, balance on Aug. 15").

Returning Rowers Early Bird Registration Discount On or Before **July 14, 2019** = \$1000.00

Returning Rowers Registration On or After **July 15, 2019** = \$1100.00

New Rowers Registration Prior to **August 28, 2019** = \$1000.00

Please specify your preferred payment schedule.

Payment Plan: _____

Name of Athlete: _____

Name of Parent/Guardian: _____

Address: _____

Telephone Number: _____

Email: _____

Signature _____

Please Mail Form & Payment To: Brad Keith – 331 W. Goethe, Chicago, Illinois 60610



St. Ignatius Chicago Rowing
SICR Document #8

Spring 2019 Financial Aid Request Form

The SICR Board of Directors has established a financial aid program to assist those students who wish to row but whose families lack the means to pay the full dues. There is a limited pool of financial aid funds available for distribution each season. Because SICR does not conduct any review of the financial means of a financial aid applicant, the program is an honor system which relies on the honesty and integrity of those seeking assistance. Because there is a limited pool of financial aid funds, SICR **strongly** encourages each financial aid applicant to pay as much as his or her family can afford and (to Limit the Maximum amount of scholarship to 80% of the Season Dues) in order to maximize the number of athletes who can participate in rowing. (Financial aid information is kept confidential and Coaches are not informed of financial aid participants).

The following criteria will apply to distribution of the financial aid funds:

- This form must be received by **July 15, 2019** for Returning rowers and **August 28, 2019** for New rowers.
- Partial financial aid is given priority.
- Full dues for Fall Season are the following. Use this amount to calculate partial financial aid requests.
 - Returning Rowers Early Bird Registration Discount On or Before **July 14, 2019** = \$1000.00
 - Returning Rowers Registration On or After **July 15, 2019** = \$1100.00
 - New Rowers Registration Prior to **August 28, 2019** = \$1000.00
- When applying for a partial financial aid, please include a check (payable to St. Ignatius Chicago Rowing) for the largest amount your family can afford at this time.
- Financial aid will be awarded by **September 3rd**. Athlete should attend practice while request is pending.
- When reviewing future financial aid requests, applicants who have made timely payments in connection with a payment plan will be given priority over those who fail to make timely payments. Any athlete who owes dues from prior seasons and has not made arrangements with the club cannot be considered for the financial aid.
- Name of Athlete: _____
- Scholarship Request Amount: _____ (80% of Full Dues is Max. Allowed)
- Name of Parent/Guardian: _____
- Address: _____
- Telephone Number: _____
- Email: _____
- Signature: _____
- Please be sure to include an initial payment with this form and describe the payment schedule for which you believe you will be able to adhere: _____

Please Mail Form & Payment To: Brad Keith – 331 W. Goethe, Chicago, Illinois 60610

Saint Ignatius Chicago Rowing – Registration Checklist

SICR Document #9

ALL ROWERS –

Complete all on-line registration information.

- Complete on-line SICR website registration
- Make payment for season on on-line SICR website registration page
- (Varsity ONLY) Parents to order Uniforms from Link on SICR website registration page

The following are required to be current and/or completed on-line for US Rowing.

- US Rowing Waiver (this is per calendar year : Jan 1st to Dec 31st)
- US Rowing membership (annually – valid for 12 months, not calendar year)

ALL ROWERS

The following hard copy paperwork is to be mailed to: Brad Keith, 331 W. Goethe, Chicago IL., 60610

- (1A) - St. Ignatius Field Trip Form - Page 1
- (1B) - St. Ignatius Field Trip Form - Page 2
- (2A) - Athletico - Consent to Treat & Emerg. Contact
- (2B) - IESA Medical Form - Front
- (2C) - IESA Medical Form - Back
- (2G) - Concussion, Drug testing & Asthma
- Provide 3 Copies of (3) - St. Ignatius Chicago Rowing - Consent to Treat
- Provide 3 Copies of (4) - St. Ignatius Chicago Rowing- Waiver
- Provide 3 Copies of Photocopy of medical insurance card (front and back)
- Provide 3 Copies of Photocopy of Rowers School ID card (front and back) ← **(This is New Requirement)**
 - (5) - Swimming Proficiency (First year of participation only)
 - ~~(6) - SICR Missing School for event form (only applies to spring season or only select rowers in fall)~~
 - (9) - Check list of what is required to be submitted for registration

SELECT ROWERS

The following hard copy paperwork is to be mailed to: Brad Keith, 331 W. Goethe, Chicago IL., 60610

- (7) - Payment Plan (only if needed)
- (8) - Financial Aid (only if needed)