



DIOCESE OF TUCSON CATHOLIC SCHOOLS Diocesan Youth Sports League

Mission Statement

The Diocesan Youth Sports League provides positive extra-curricular sporting events that contribute to the development of the whole child by modeling and teaching Catholic principles and the ideals of good sportsmanship.

Goals and Objectives

- A. Develop basic athletic skills required for the sport(s) in which they are engaged.
- B. Know and understand rules of the sport(s) in which they are engaged
- C. Practice good sportsmanship at all times.
- D. Demonstrate team spirit and responsibility while fostering a humble appreciation for individual accomplishments.

Check List

- Permission Form**
- Emergency Treatment Form**
- Physical Examination Form**
- Code of Conduct and Behavioral Expectations**
- Uniform Policy**
- Diocese of Tucson Schools Map**



DIOCESE OF TUCSON CATHOLIC SCHOOLS
Diocesan Youth Sports League

PERMISSION FORM

**Permission to Participate in Diocesan Youth Sports League
Events/Extracurricular Activities**

To the Principal of _____,
(School)

I/we give permission for my/our child, _____, to participate in the Diocese of Tucson Athletic Program for the 2023-2024 school year.

I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with proper coaching and supervision, injuries are possible and that on rare occasions severe injuries result in total disability, paralysis, or death. We hereby release and save harmless the Diocese of Tucson, its schools, any of its affiliated schools, and any and all of its employees and volunteers from any and all liability from any and all harm arising to my/our child as a result from participation in Diocesan Youth Sports League interscholastic athletics and other extracurricular activities during this school year.

My child will be instructed by me/us to cooperate fully with the directions and instructions of the supervisory personnel in charge of the athletic events and/or extracurricular activities.

**Permission to be transported to
Diocesan Youth Sports League Events and Extracurricular Activities**

I/We give my/our child permission to be transported to Diocesan Youth Sports League athletic events and/or extracurricular activities by modes of transportation that are not owned and/or operated by the Diocese of Tucson, its schools, or its employees. I/We understand that these modes of transportation may be personal vehicles variously owned and or operated by volunteers. I/We understand that my/our child is not covered by school insurance when transported under any of these circumstances. I/We hereby release and hold harmless The Diocese of Tucson, its schools, any of its affiliated schools, and any and all of its employees, volunteers, and/or students from any and all liability from any and all harm arising to my/our child as a result of transportation to athletic events and/or extracurricular activities during this school year.

Health Insurance Agreement

I/We understand that my/our child is primarily covered by his/her family health insurance plan:

Insurance Company: _____ **Policy #:** _____

Should there be a medical emergency, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me/us, by my/our insurance company or any benefit plan of mine or that of my spouse. Accident insurance carried by the school is designed to provide supplemental coverage to any insurance carried by the parents/guardian.

By signing below, I/we acknowledge we have read and give consent to all stated above.

Parent/Guardian Signature

Date



**DIOCESE OF TUCSON CATHOLIC SCHOOLS
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EMERGENCY TREATMENT FORM

Authorization To Treat a Minor

This form will be used only if a parent/guardian cannot be present at a hospital emergency room when your child is in need of treatment. Every reasonable attempt will be made to contact parents, before proceeding to the emergency room.

I/We, the undersigned parent, parents, or legal guardian of the minor below, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any licensed member of the medical staff and emergency room staff, or a dentist licensed and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Arizona Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis or treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain in effect until: _____
Date

_____ **Date** _____ **Signature of Father, Mother, or Legal Guardian**

_____ **Child's Name** _____ **DOB** _____ **School's Name**

_____ **Father/Guardian Name** _____ **Home Phone** _____ **Work/Cell Phone**

_____ **Mother/Guardian Name** _____ **Home Phone** _____ **Work/Cell Phone**

_____ **Child's Physician** _____ **Phone** _____ **Designated Hospital for Treatment**

_____ **Insurance Company** _____ **Phone** _____ **Policy Number/Group Number**

_____ **Last Tetanus Booster** _____ **Please list any allergies to drugs or foods**

Please list any medications, restrictions, or special instructions:



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Physical Form

THIS SECTION TO BE COMPLETED BY PRIMARY CARE PROVIDER

Student's name _____ Sex _____ Gr _____ DOB _____

Father's name _____ Mother's name _____
 Guardian name _____ Guardian name _____

Physical examination:

Known allergies: _____

Height: _____ Weight _____ BP: _____

Vision: without glasses: B 20/ _____ R 20/ _____ L 20/ _____

Vision: with glasses: B 20/ _____ R 20/ _____ L 20/ _____

Hearing: R _____ L _____

Eyes _____	Glands _____	Skin _____
Ears _____	Heart _____	Nutrition _____
Nose _____	Lungs _____	Speech _____
Teeth _____	Gums _____	Throat _____
Tonsils _____	Hernia _____	Posture _____
Abdomen _____	Orthopedic _____	Scoliosis : Neg: _____ Pos: _____

Urinalysis: _____

Immunizations Given Today: _____ _____ _____

Hgb: _____

Cocci: Date: _____ Res: _____

Tbc: Date: _____ Res: _____

Is this student currently receiving any medications? _____ List meds: _____

Does this student have any physical conditions or other restrictions which will limit the student's involvement in a regular school program or school activities? _____

I certify that I have on this date examined the above-named student and I have found no medical reason to disqualify him/her from participating in all supervised physical education activities and athletics with the exception: _____

Care provider's comments and/or recommendations: _____

_____ MD DO PA NP
 Print care provider's name

_____ Date _____ Phone # _____
 Care provider's signature



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Health History

THIS SECTION TO BE COMPLETED BY PARENT

Today's date _____ Child's Entering Grade _____

Student's Name _____ DOB _____
Last First M.I.

Known Medication Allergies _____

Known Food Allergies _____

Has your child ever had any of the following?

Condition	Yes, date	No	Condition	Yes, date	No	Condition	Yes, date	No
Allergies (seasonal)			Hearing Problems			Rheumatic Fever		
Anemia			Heart Problems			Scoliosis		
Asthma			Hepatitis			Seizures		
Back Pain			Hernia			Sinus Problems		
Chicken Pox			Hives			Strep Throat		
Concussion			Joint Pain/Arthritis			Stomach Problems		
Diabetes			Kidney Problems			Tuberculosis		
Eczema			Menstrual Cramps			Valley Fever		
Emotional Problems			Migraine Headaches			Vision Problems		
Fainting			Mononucleosis			Other		

Description	Year	Description	Year
Operations			
Operations			
Sprains			
Fractures			

Does your child wear glasses or contact lenses? _____ Date of last Tetanus Booster _____

If your child is currently under doctor's treatment, please explain and give doctor's name: _____

Medications now taking _____
If medications are to be given at school, complete "Parent Consent for Giving Medications at School" form. This must be on file before any medications can be given at school.

Does this student have any physical conditions or other restrictions which will limit the student's involvement in the school program? _____ Explain _____

Name of Family Physician _____ Phone _____

Parent/Guardian Signature _____ Date _____

- over -



DIOCESE OF TUCSON CATHOLIC SCHOOLS
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Code of Conduct and Behavioral Expectations Sign-off

Diocesan Code of Conduct

As a participant and supporter of the Diocesan Youth Sports League, I will conduct myself in a manner consistent with the values and teachings of the Catholic faith and will follow the rules and procedures outlined in the Diocesan Youth Sports League Handbook.

Expectations of Behavior

The general behavior of an athlete in school and elsewhere is a credit to her/his team, school, coaches, family, and her/himself. It is the expectation of the Diocese of Tucson that athletes will conduct themselves in a manner consistent with the values and teachings of the Catholic ~~Christian~~ faith. When determining your conduct, keep the following in mind.

- Treat ALL with respect.
- Maintain sportsmanlike conduct.
- Refrain from using profanity, disrespectful/harassing gestures at any time.
- Encourage your teammates and all athletes during competition.
- Follow the guidelines for Uniform Dress Code.
- Follow all school rules and procedures.

I have read the Diocesan Youth Sports League Handbook and understand that the Diocese of Tucson has expectations of behavior that I will uphold. Further, I understand that I am responsible for my conduct and will manage myself in a manner consistent with the values and teachings of the Catholic faith or be subject to all penalties prescribed by the Diocesan Youth Sports Handbook and the school that I represent.

Student Signature

Date

Parent/Guardian Signature

Date



DIOCESE OF TUCSON CATHOLIC SCHOOLS Diocesan Youth Sports League

UNIFORM DRESS CODE

All athletes are to be in legal uniform in order to compete. A player not conforming to this uniform policy shall not be allowed to participate in the game until the issue is resolved.

- All players on a team will wear **like-colored uniforms** (which include no trim of a different color) consisting of T-shirts and shorts (all which must be at an appropriate length).
- A **number** on the uniform shall identify each player. The number shall be at least four (4) inches high on top of the front of the shirt and at least six (6) inches high on the back of the shirt. *Numbers must be of solid color, to be quickly and easily legible for game/meet officials. Number color must also be clearly distinguishable from jersey color. Athletes on the same team may not have duplicate jersey numbers.*
- Socks: Schools may select either **solid white or black socks** for their teams to wear in competitions. All team members must wear the same color. Individuals must wear matching socks of equal length, no higher than the knee and no lower than the ankle. **Small brand logos (e.g. - Nike “swoosh”) are permitted** in white, gray, or black color, but no additional design or color. Gray heel padding may *slightly* show.
- Knee pads are highly recommended for volleyball athletes. Knee pads must be either solid white or black only. Small logos (white, gray, or black) are permitted.
- Uniform shirts must be tucked-in for game play.
- Uniform shorts must be an appropriate length, may not be rolled up (to make shorter) or sagged below the hips for any reason.
- Uniform shorts must be of a solid color and may not include stripes, piping, or additional designs. **Schools are strongly urged to sell uniform shorts to team members as part of their sports uniform package to ensure shorts’ issues do not take place.**
- Short sleeve undershirts may be white, black, gray, or the same color/shade as the jersey.
- Long-sleeve undershirts, sweatshirts, leggings, and/or sweatpants must be the same solid color throughout the team. Schools must declare to the DYSL their designated color choice at the start of each school year. These garments are optional for each athlete, but part of each school’s sports uniform policy. These items must be worn underneath the uniform jersey and shorts.
- Long Sleeve undershirts and leggings may be worn during indoor games, underneath the uniform jersey and shorts. Schools must declare to the DYSL what single, solid color is permitted as part of their school’s sport uniform.
- Sweatpants and sweatshirts may **not** be worn for indoor games.
- Logos on socks, shorts, undershirts, leggings, and sweatpants cannot exceed 1 ½ inches high by 1-½ inches wide or appear more than once on each item. Socks may have a small logo on each side.
- Compression shorts (solid, single color) cannot extend lower than the uniform shorts. All undergarments must be covered at all times.
- Any body adornment, such as body painting, or tattoos *must* be covered. Further, any excessive face make-up, including face paint and eye black, will not be permitted.



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UNIFORM DRESS CODE (Cont'd)

- No type of jewelry will be permitted during games including stud earrings, necklaces, bracelets, anklets, etc. Covering up the jewelry with tape or band aids is not permitted.
- Hair styles/cuts will not include any sprayed hair colors contrary to the natural color of the hair. Further, excessive hair gel/oil, excessively spiked hair, long/straggly unkempt hair, etc. may result in benching until the issue is fixed.
- Hard hair clips and headbands will not be allowed during games; however, soft hair accessories are permitted as long as these items are *tyed into the hair*.
- Appropriate playing shoes are to be worn.
- In Track & Field, spiked shoes with or without spikes are not allowed.
- ***In case of cold weather only***, coaches are to use their best judgment and if necessary, allow the athlete to also wear sweats as a means to stay warm. The sweatpants may be black, dark gray, or close to the color of the uniform shorts.. *This does not excuse the athlete from being in legal uniform, nor does it apply to indoor games.* The jersey is to be worn outside of the sweatshirt to allow all parties to identify all players at all times.
**Bike shorts, tights, turtlenecks, T-shirts are not appropriate attire for warmth.





DIOCESE OF TUCSON CATHOLIC SCHOOLS
Diocesan Youth Sports League

Schools

Schools

Immaculate Heart School

410 E. Magee Road 85704
520-297-6672

Our Mother of Sorrows

1800 S. Kolb Road 85710
520-747-1027

Santa Cruz Catholic School

29 W. 22nd Street 85713
520-624-2093

San Xavier Mission School

1980 W. San Xavier Road 85746
520-294-0629

St. Ambrose Catholic School

300 S. Tucson Blvd. 85716
520-882-8678

St. Cyril of Alexandria School

4725 E. Pima 85712
520-881-4240

St. John the Evangelist Catholic School

600 W. Ajo Way 85713
520-901-1979

St. Joseph Catholic School

215 S. Craycroft Road 85711
520-747-3060

Ss. Peter and Paul Catholic School

1436 N. Campbell Road 85742
520-325-2431

St. Elizabeth Ann Seton Catholic School

8650 N. Shannon Road 85742
520-219-7650

Additional Facilities

Immaculate Heart High School

625 E. Magee Rd. 85704
520-297-2851

Salpointe Catholic High School

1545 E. Copper Street 85719
520-327-6581

St. Augustine Catholic High School

8800 E. 22nd Street 85710
520-751-8300

[Diocese of Tucson: Online School Locator](#)

AIA

ARIZONA INTERSCHOLASTIC ASSOC.
7007 N. 18TH ST., PHOENIX, AZ 85020
PHONE: (602) 385-3810

2023-24

**ANNUAL PREPARTICIPATION
PHYSICAL EXAMINATION**

NextCare
URGENT CARE

EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____ / ____)
 Corrected: Y N
 Vision: R20/____ L20/____
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
Medical			
Appearance	<input type="checkbox"/>		
Eyes/Ears/Throat/Nose	<input type="checkbox"/>		
Hearing	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>		
Heart	<input type="checkbox"/>		
Murmurs	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Genitourinary &	<input type="checkbox"/>		
Skin	<input type="checkbox"/>		
Musculoskeletal			
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder/Arm	<input type="checkbox"/>		
Elbow/Forearm	<input type="checkbox"/>		
Wrist/Hands/Fingers	<input type="checkbox"/>		
Hip/Thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg/Ankle	<input type="checkbox"/>		
Foot/Toes	<input type="checkbox"/>		

* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction

Cleared With Following Restriction: _____

Not Cleared For: All Sports Certain Sports: _____ Reason: _____

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____

Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP