

STERLING COMMUNITY SCHOOL

Athletics – Soccer Handbook

Open to Grades: 5th-8th



WILDCATS - 2024-25



Students need to return:

- Parental Consent Form**
- Sports Signature Page**
- Release Form**
- Current Physical (Completed within the last year, questions please contact the school nurse. Practice will be restricted until medical is cleared.)**
- Practice/Tryouts will begin September 4th. Full schedule will follow shortly.**

ALL ITEMS MUST BE TURNED IN BY September 3rd.

Soccer Information

Open to: Students in grades 5-8

Generally, Soccer athletes will be after school or early evenings for 3-4 sessions a week.

All home Games start at 4:00pm. The first game is scheduled for September 16th and concludes at the end of October.

Game Days: Monday & Thursday

Practice Days: Tuesday & Wednesday

Depending on scheduling with other teams and holidays, these days can change.

Transportation: Parents must provide transportation home after practices and games. The team bus will transport players to the away games and return players to S.C.S.



PARENTAL CONSENT FORM

School Sport: 2024-2025 Soccer 5th-8th

Student's Name _____ **Grade** _____

ATHLETIC CODE OF CONDUCT

I promise on my honor: to obey all school rules and regulations, to keep myself in good physical condition, to keep up in my school work, to compete hard & clean, to be loyal to the team, to conduct myself all times in a sportsmanlike manner, and to be a credit to Sterling Community School.

Attendance:

Any student-athlete who has not reported to the school by noon will not be permitted to practice or play that afternoon or evening. Exceptions to this rule will be considered only if the player's parent explains the unusual circumstances to the principal or designee.

Student Behavior Impacting Eligibility:

School behavior and conduct as a Sterling Student-Athlete will impact Student-Athlete's ability to participate in practices and interscholastic games. Inappropriate school behavior resulting in Student-Athlete receiving major referrals may result in verbal warnings, limited play time, the serving of detentions on practice or game days and in extreme circumstances, removal from the interscholastic team.

Suspension:

Suspension from school will result in loss of extracurricular and social privileges during the period of suspension. This includes the loss of ability to participate in practices and interscholastic sports.

Equipment Agreement

In addition, I will take proper care of my equipment and return it when called to do so OR be responsible to pay for damaged or lost articles in accordance with the State of Connecticut Public Act 81-257. Sterling team uniforms must be returned at the end of the season.

Student name: _____ Date: _____ Signature: _____

Parent name: _____ Date: _____ Signature: _____

Sterling Community School
Signature Page for Athletic Participation
2024-2025

Parent or Guardian Names (include both spouses, if applicable) _____

Telephone: Home # _____ Cell # _____ Email (required): _____

In case of an emergency, contact _____ Tel. # _____

Additional Pick-up Names: _____

ATHLETES CAN ONLY BE SIGNED OUT BY INDIVIDUALS ON THE PICK-UP LIST. IF YOU NEED TO UPDATE ANY NAMES THAT YOU DID NOT ORIGINALLY INCLUDE ON THIS FORM, PLEASE CONTACT MR. SHEEHAN at csheehan@sterlingschool.org

PHYSICIAN EXAMINATION
SPORT SCREENINGS ARE REQUIRED FOR PARTICIPATION
PHYSICALS ARE VALID FOR ONE YEAR

My child has been examined by a physician within the last year and has been deemed physically fit to participate in this athletic event. All SCS Medical & Athletic Release forms (enclosed) have been completed by a physician and have been submitted to the SCS Nurse's Office. **Please circle: Yes No**

I give my permission for _____ to participate in **Soccer Practice and Events** at Sterling Community School, knowing full well the risks involved in all sports, especially those that involve contact between athletes. While most injuries are minor, some injuries can be severe in nature leading to permanent disability or death. My child has been examined by a physician within the last year and has been deemed physically fit to participate in this athletic event. I also give permission to qualified personnel to medically treat my child in the event of any injury. All Sterling Community School Medical Release forms are up to date and have been submitted to the school nurse's office.

Parent / Guardian signature _____ Date _____

Please return this consent form, signature page & all medical forms to Mr. Sheehan or the front office.

Please contact the school nurse if you have any concerns involving the sports physical.

Student / Parent - Concussion Education Plan Consent Form

I have read and understand the document "Student and Parent Concussion Informed Consent" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date: _____ Signature: _____

Parent name: _____ Date: _____ Signature: _____

Student / Parent - Concussion Education Plan Consent Form & Heat Illness Consent Form

I have read and understand the document "Student and Parent Concussion Informed Consent" & Parent's and Coaches' Guide to Dehydration and Other Heat Illnesses in Children" and understand the severities associated with concussions and heat related illnesses and the need for immediate treatment of such injuries or conditions.

Student name: _____ Date: _____ Signature: _____

Parent name: _____ Date: _____ Signature: _____

Please return this consent form, signature page & all medical forms to Mr. Sheehan or the front office. Please contact the school nurse if you have any concerns involving the sports physical