CATS Sports Club - Volleyball

Purpose: The CATS Sport Club exists to create participatory and competitive sports opportunities for young people in RND, RND feeder elementary schools and the North Kingston community surrounding RND.

Organization: The RND Athletic department is the founding and governing organization for the CATS Sports club. School based policies and priorities regarding participation, scheduling, coaching ethics, fees and any other issues will be applied to all CATS programs in a manner consistent with policies at Regiopolis-Notre Dame Catholic High School. An executive of club directors will be established each year with leadership roles to be taken by the RND principal and RND Athletic Director. Involved coaches and parents may also assume a role with the CATS organizational structure. Secondarily, the CATS will also be governed by the parent provincial sports organizations (i.e. Ontario Volleyball Association, Ontario Basketball Association) that CATS teams participate within.

Scheduling: The CATS will attempt to schedule their specific team games and practices in a manner that will allow student-athletes to participate in several sports or activites. We will not encourage our players to specialize or choose one sport over another. Our first scheduling priority is to accommodate other CATS or school based teams and activities with our scheduling decisions. This includes working co-operatively with our partners in RND feeder elementary schools. Cats Volleyball practices are every Monday night at 6:00pm. Occasionally, the Cats volleyball teams will practice on Thursday to prepare for a tournament.

Participation: Player development is a central objective of each CATS coach and team. Therefore an attempt to provide a fair and equitable practice and competition experience for each CATS player will be made. CATS programs will attempt to place players in practice and game situations where they can develop their skills in a challenging and successful environment.

Fees and Costs: As part of the larger RND Athletic Department the CATS program will work to make use of the facilities and equipment available at RND to reduce the overall fees assessed to players. The CATS will also look to register in and organize competitions that could limit the total cost of user fees to each player/family. While user fees are necessary, fees will be assessed on a team by team basis and should be outlined by CATS coaches at the beginning and throughout the sport season. It is important to note that supplemental funding is available and student-athletes in financial need will have every opportunity to participate in CATS programs.

Contact: Information can be found on the RND website at www.rnd-panthers.com. If you have any further questions please feel free to contact Pat Farrell at Regiopolis-Notre Dame CHS at 613-545-1902 extension 2513 or farrellp@alcdsb.on.ca.

Tryouts: Begins November 4th, 11th and 18th, 2019 at 6:00pm - 7:30pm at Regiopolis-Notre Dame CHS. Tryouts are free of charge.

- 1. When are cuts or the team being made?

 November 4th, 11th and 18th are official tryout dates for the boys and girls. We need to evaluate the number of boys and girls that come out in order to make decisions regarding numbers. As coaches we believe that players at this age should be given extended tryouts so coaches can better evaluate attitude, commitment, potential and skill level.
- 2. How many players will you keep? We will probably keep 12-14 players that will be on a tournament team. We will be keeping an additional 5-7 players that we will encourage to come out to practices. In the past, practice players have had the opportunity to play in one or more tournaments but this is something that is not guaranteed.
- 3. Who does Cats volleyball play against?
 Cats Volleyball is a member of the Ontario Volleyball Association. We will be entering a team in approximately 2 3 tournaments. It is our hope to provide other playing opportunities through exhibition games and smaller, unsanctioned tournaments.
- 4. How much does it cost to play Cats Volleyball?

 We are committed to trying to keep the costs down to a minimum. Players on the tournament team last year were asked to pay \$225.00. Players on the practice team were asked to pay \$100.00. No player will ever be denied the opportunity to participate in Cats Volleyball because of financial difficulties.
- 5. How will I know if my son or daughter is picked for the team? Making cuts are the most difficult thing a coach has to do and we ask for your understanding in this matter. Any commitments that your son or daughter has that may interfere with their Cats participation should be expressed to the coaches. There is no easy way in informing players if they are on the team. We will put the selected team on the website, www.rnd-panthers.com. If selected for the team we ask that you attend a parent / guardian meeting at RND on November 25th at 7:30pm. Fees, Schedules, Cats Philosophy, etc. will be discussed. Please make this meeting a priority as we hope to have one parent / guardian representative per player. Any questions or concerns should be directed to Pat Farrell at work (613 -545-1902 ext. 2513).

CATS Volleyball Club -- Athletic Participation Form

This form is to be completed on behalf of a player who wishes to participate in CATS Volleyball

It should be submitted to the CATS Team Manager or Coach at the beginning of the season.

All team and scheduling information will be placed on the RND Scoreboard web site: www.rnd-panthers.com

| PERSONAL INFORMATION | |
|--|---------------|
| First Name | |
| Family Name / (ex month/date/year) Date of Birth / (ex month/date/year) Grade in School Elementary School | |
| Grade in School Flomenters School (ex month/date/year) | • |
| Grade in SchoolElementary SchoolT-Shirt Size (circle) (adult sizes) S / M / L / XL | |
| Street Address | |
| Street Address | - |
| Town | |
| E-Mail | • |
| E-Mail Parent/Guardian #1: Full Name Phone # | Day/Mork |
| | |
| Parent/Guardian #2: Full Name | DayMork |
| Phone # | Day/VVOIK |
| | |
| MEDICAL INFORMATION | |
| Player's Health Card # | |
| Physician | |
| Date of last complete medical examination: | |
| | |
| Is your son/daughter/ward allergic to any drugs, food or medication/other? | |
| Yes No | |
| If yes, provide | |
| details: | |
| Does your son/daughter/ward take any prescription drugs? | |
| Yes No | |
| If yes provide details: | |
| | |
| NA/In advanced to the second s | |
| What medication(s) should the participant have on hand during the sport ac | tivity? |
| Who should administer the medication? | |
| Title official administer the medication? | |
| Does your son/daughter/ward wear a medical alert bracelet, neck ch | nain |
| or carry an alert card, near | |
| If yes, please specify what is written on it: | |
| | |
| Does your son/daughter/ward wear eyeglasses or contact lenses? Yes / Which or No | |
| Indicate if your son/daughter/ward has been subject to any of the following a | and provide |
| pertinent details: Epilepsy, diabetes, orthopedic problems, deaf/hard of heari | ng, asthma |
| allergies, head or back conditions or injuries, arthritis or rheumatism, chronic | |
| nosebleeds; dizziness; fainting; headaches,hernia; swollen, hyper moblie or | painful ioint |
| trick or lock knee or other medical information that will limit participation? | , |

INTERNET AND WEB SITE NOTICE

Participants in the sports program at Regiopolis-Notre Dame and with the CATS Sports Club may have their picture or name added to the school and club web site. This site resides on a computer server of the Algonquin Lakeshore Catholic District School Board, and is monitored and maintained by teachers and students at Regiopolis-Notre Dame.

Your signature below acts as consent to permit your son/daughter/ward name or picture to be used within the school web site.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the athlete, the coach, the organizing club, the school, the school board (facility) or its employees or agents or the facility where the activity is taking place. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The CATS Basketball Club, Regiopolis-Notre Dame Catholic High School and the Algonquin Lakeshore Catholic District School Board (facility) attempt to manage as effectively as possible the risk involved for all participants in club sport.

ACKNOWLEDGMENT OF RISKS/REQUESTS TO PARTICIPATE/INFORMED CONSENT AGREEMENT

| I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter for personal health, medical, dental and accident insurance coverages. I/We request my son/daughter/ward to participate in the (year) CATS Volleyball (division) TEAM |
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| I/We agree that the CATS Volleyball Club, Regiopolis-Notre Dame Catholic High school or the Algonquin and Lakeshore Catholic District School Board or its employees, servants or agents shall not be liable for any injury to my son/daughter/ward or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities. |
| Signature of Parent/Guardian Date Signature of Player Date |