

# Des Moines Area Catholic Athletic League Handbook

The DM Area Catholic Athletic League Mission is supported by the following Des Moines Area Catholic Parishes:

St. Luke's the Evangelist, Ankeny  
Christ the King, Des Moines  
Holy Family, Des Moines  
Holy Trinity, Des Moines  
Sacred Heart, West Des Moines  
St. Anthony, Des Moines

St. Augustin, Des Moines  
St. Francis, West Des Moines  
St. Joseph, Des Moines  
St. Patrick, Perry  
St. Pius X, Urbandale  
St. Theresa, Des Moines

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## **Mission and Goals**

The Des Moines Area Catholic Athletic League is based in Catholic values. The mission is to provide each eligible member of our parishes an opportunity to participate in athletics through leagues functioning in a family-oriented environment. Catholic athletics furthers the mission of the Catholic Church by providing sports experiences for youth that are firmly rooted in the Catholic faith tradition, based on the goals of Catholic youth ministry, and aligned with the evangelizing mission of the Catholic Church. Our goals are to improve the health and wellness of the parish communities, promote healthy lifestyles among their members, and provide those members with the best possible facilities to use while participating in parish activities.

## **Pre-Season Requirements of Participants:**

- Fees paid by established deadline
- Registration Form - includes emergency and medical consent information (included in this Handbook)
- Current Annual Physical (you can get one from your doctor)
- Insurance Waiver (included in this Handbook)
- Code of Conduct signed by participant and parent/guardian
- Concussion Protocol/Facts Sheet with sign off (included in this Handbook)
- Sign off on knowledge of and reading of the Handbook, participant and parent/guardian (included in this Handbook)

## **Participant Eligibility:**

- Students must be in grades 6-8 for girls volleyball, grades 6-8 for basketball, grades 6-8 for cheerleading, and grades 5-8 for track.
- The participant's parent or legal guardian is registered with the parish of the team they wish to join, or the participant is a student in the parish's school or faith formation program.
- A participant may only play on one parish team per school year.
- Grade requirements may be considered by individual parish.
- A player ejected from a game due to unsportsmanlike conduct will be removed from all games that day and also ineligible for the next game date.
- Participants must attend school/home school at least a half-day immediately preceding an athletic event on that same day. Absences due to scheduled appointments with a healthcare provider or due to a family tragedy will be considered excused.
- Local parish athletics overseers (this may be an athletic director, athletic committee, etc) will determine eligibility for players in violation of the Player Code of Conduct (see below).
- This league is coached by volunteers. To respect the coaches' time and the effort of all the teammates, it is required that participants commit to a minimum of 50% of all practices during the week prior to that week's league events.

### **Coaching Selection/Requirements:**

- Must have completed VIRTUS training and have a certificate on file at the parish. Start out by registering with VIRTUS Online at <http://www.virtusonline.org>, click on the yellow link on the left side of the screen labeled “Registration”. You can get instructions for completing VIRTUS from your parish office.
- Must have completed Diocesan background screening.
- Must complete the Coaching Application form
- Commit to the time requirements and responsibilities of the sport involved.
- Must support athletic mission, player eligibility and Code of Conduct.
- Be a responsible Christian role model.
- Must have completed concussion training and have a certificate on file.
- Head coach must be at least 19 years of age.

### **Player Code of Conduct:**

- All student athletes will demonstrate good sportsmanship, patience, manners and an attitude indicative of the spirit and mission of the Catholic Church.
- All students athletes are expected to carry themselves in a mature, Catholic manner on and off the court/field. Participating in athletics is a privilege, not a right.
- Student athletes are here to improve their skills, work on becoming a team and enjoy their athletic experience. For some students, this may be the only team activity they participate in. For others, they may be on other competitive, non-parish teams in addition to this parish team. This league is coached by volunteers. To respect the coaches’ time and the effort of all the teammates, it is required that participants commit to a minimum of 50% of all practices during the week prior to that week’s league events.

## Parent Code of Conduct

**“10 Things Parents of Athletes Need to Know”** adapted from a list created by the Diocese of Cincinnati

1. ***It's about the kids.*** Do not live your own sports' dreams through your kids. It's their turn now. Let them make their own choices, have fun, make mistakes and learn from them.
2. ***Never complain to a coach*** about your child's playing time after a game. If it's necessary to speak up, help your kid have that conversation. Follow the protocol set out in this handbook.
3. ***Referees are doing their best.*** How would you like it if someone came to your job and screamed at you while you were working? If you have a real issue, work through appropriate channels (outlined in this handbook) the next day, and keep your cool.
4. ***Let your coaches coach.*** Your job is to BE A CHEERLEADER. Understand more goes into coaching and playing than what you see at games.
5. ***It is EXTREMELY UNLIKELY*** you are raising a professional athlete. Relax, let them have a good time and learn the lessons they are supposed to be learning in sports.
6. ***Pursue LONG-TERM wins*** so that sports help kids learn to live well, make good decisions, be a moral person, live faithfully, and value honesty and good character way more than points scored and short-term wins.
7. ***If you have NOTHING POSITIVE to say,*** then be quiet and watch the game. Think about it: you really want to be “that” parent? Do you?
8. ***If you are LOSING YOUR MIND*** on the sideline of a game, it's time to look in the mirror and figure out why. It's not healthy - for you or your child(ren) - to care that much about sports. Put that energy into something more productive, like making sure every player feels good about the effort they made.
9. ***Let them FAIL.*** Forgotten equipment, not working out, not practicing at home? Let them experience the consequences. It will make them better people AND better at sports AND better at life.
10. ***Your kids are WATCHING YOU*** and so are everyone else's kids. Make them proud, not embarrassed. Show them how grown-ups are supposed to act.

### Grievance Procedure for concerns/problems:

- 1st - Parent(s) or player must initially contact the coach/assistant coach in a Christian manner.
- 2nd - Parent(s)/Player contacts the Athletic Director.
- 3rd - Parent(s)/Player contacts the program administrator (school or religious education).
- 4th - Parent(s)/Player contacts the parish pastor.

## **Sports under DM Area Catholic Athletic League:**

\*In season parish sports take priority in practices and games over out of season sports.

### **VOLLEYBALL**

Parochial Volleyball League (PVL)

Girls Volleyball -6-8th grade

August thru October

### **BASKETBALL**

Catholic Basketball League (CBL)

Girls Basketball - 6th-8th grade

Mid-October thru December

Boys Basketball - 6th-8th grade

January thru Mid-March

### **TRACK**

Boys & Girls - 5-8th grade

Mid-March thru Mid-May

### **CHEER**

Follow basketball dates for girls and boys

### **Other Athletic Opportunities**

1. Catholic Football League (CFL): <http://dmcatholicfootball.com/>
2. Cross Country: Visit [www.dowlingcatholic.org](http://www.dowlingcatholic.org) and click on Athletics. Scroll down for links to the middle school cross country program.
3. Dowling Soccer Club: <http://dowlingsoccerclub.org>
4. Dowling Riptide Swim Club: [www.dowlingcatholicriptide.org](http://www.dowlingcatholicriptide.org)
5. Dowling Maroon MAT Club Wrestling Program - Head HS wrestling coach, Kevin Stanley, email at [kstanley@dowlingcatholic.org](mailto:kstanley@dowlingcatholic.org)
6. Maroon Athletic Club (MAC) - girls basketball club. Sharon Hanson, co-head Varsity Dowling Catholic girls basketball coach. [Shanson@saintfrancisschool.org](mailto:Shanson@saintfrancisschool.org)
7. Maroon Basketball Association (MBA) - boys basketball club. Mike O'Connor, head Varsity Dowling Catholic boys basketball coach and Assistant Athletic Director for Dowling Catholic. [moconnor@dowlingcatholic.org](mailto:moconnor@dowlingcatholic.org)
8. Maroon Softball Club (Cremators)- contacts are Shannon Sinnott [duksinnott@msn.com](mailto:duksinnott@msn.com) or Charlie Grask [charliegrask@gmail.com](mailto:charliegrask@gmail.com). Website is:

**Admissions to the league:**

To begin this program (2015-16), Des Moines and surrounding area parishes with schools will be a part of the Des Moines Area Catholic Athletic League. If others outside of those parishes are interested in joining, they'll need to contact the committee with their proposal.

**Insurance Information and Waiver**

I hereby authorize any medical treatment necessary for

(player's full name) \_\_\_\_\_ in event of accident/injury

during \_\_\_\_\_(name of parish) league practices, games or

tournaments for the \_\_\_\_\_school year. I understand that if a serious injury occurs, medical and/or hospital care will be given.

\_\_\_\_\_ (name of parish) is not responsible in case of accidental injury. I further understand that in case of serious injury, we will be notified. But if it is impossible to contact us, we grant permission for emergency treatment or surgery as recommended by the attending physician. I further understand that I am responsible for payment of any doctor and/or hospital fees arising from the treatment of my child. To assist the doctor and/or hospital in those tasks, we have provided the following information:

Insurance company \_\_\_\_\_

Address of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Policy holder name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Phone number \_\_\_\_\_

Date \_\_\_\_\_

# Athletic Indemnity Agreement

I consent to (child's full name) \_\_\_\_\_'s participation

in the sport(s) of \_\_\_\_\_.

As a parent or legal guardian, I agree to fully release, discharge, indemnify and hold harmless

\_\_\_\_\_ (name of parish), its legal representatives, employees, and volunteers (all of whom shall be collectively referred to hereinafter as

\_\_\_\_\_ (name of parish) against any claim of cause of action

whatsoever brought by or on behalf of my child against \_\_\_\_\_ (name of parish) which arose out of my child's participation in the above referenced sport, regardless of whether such claim results from the negligence of individuals or companies not a party to this agreement. I certify that I have read and understand this agreement and the risks and hazards associated with the above referenced sport(s).

Parent's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# Coaching Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Student's name: \_\_\_\_\_ Student's grade: \_\_\_\_\_

I am interested in coaching or assistant coaching one or more of the following sports:

- \_\_\_\_\_ Volleyball
- \_\_\_\_\_ Basketball \_\_\_\_\_ boys \_\_\_\_\_ girls
- \_\_\_\_\_ Track
- \_\_\_\_\_ Cheerleading

Please provide any previous coaching experience/certifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coaching Selection/Requirements:

- Must have completed VIRTUS training and have a certificate on file at the parish.
- Must have completed Diocesan background screening.
- Must complete Coaching Application
- Commit to the time requirements and responsibilities of the sport involved.
- Must support athletic mission, player eligibility and Code of Conduct.
- Be a responsible Christian role model.
- Must have completed concussion training and have a certificate on file.
- Head coach must be at least 19 years of age.

\*If you have already completed the Diocesan VIRTUS training, please provide the date that this

was completed \_\_\_\_\_.

## TO BE COMPLETED BY PARISH / SCHOOL / OTHER LOCATION

Check one box:  Parish  School  Other

Location Name: \_\_\_\_\_ City: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

# Diocese of Des Moines

## SECTION 1

### Background Screening

Check the category that best fits your position:  
apply:

Check all that

- Applicant: anticipated start date \_\_\_\_\_  
Contact with Children
- Candidate for ordination (deacon/seminarian)
- Deacon
- Educator (BOEE licensed)
- Employee (Chancery, School, Parish)
- Volunteer

- Regular
- MINOR

#### Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

#### Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Realizing, as Church, the importance of protecting youth and other vulnerable populations, I hereby consent and authorize an investigative consumer report to be conducted if deemed appropriate by the Diocese of Des Moines, any parish, school, or related Catholic institution. Public records may be used in this report, such as civil and criminal records and driving records, as well as personal interviews, as needed. I realize this inquiry may include information regarding my character, general reputation, a criminal background check and motor vehicle report. I release the Diocese of Des Moines, any parish, school, or related Catholic institution and their agents from liability associated with obtaining that inquiry.

This consumer report will be used for employment/volunteer selection purposes and may be subject to the Fair Credit Reporting Act (FCRA). I may receive a free copy of this report. Before any adverse action is taken based on this report, I will receive a copy of the report and notice of my rights under the FCRA.

Mindful of the importance of protecting children and other vulnerable persons, the undersigned acknowledges a truthful response of this information. I understand that past violations would not necessarily preclude the employment or volunteer position sought.

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

*(social security # required for background check)*

Signature **X** \_\_\_\_\_

Date \_\_\_\_\_

## **ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF THE CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH**

### SECTION 2

This is to acknowledge that I have received and reviewed a copy of the "Code of Conduct for the Protection of Children and Youth" of the Diocese of Des Moines.

I understand that I am responsible for complying with the policies as stated and should refer any questions to my immediate supervisor or the Diocesan Human Resources Department (515-237-5085) for clarification. I further understand that the Diocese reserves the right to change, modify and/or revise any of the policies at any time.

Employee's/Volunteer's **Signature X** \_\_\_\_\_

Employee's/Volunteer's Printed Name \_\_\_\_\_

Parish/School/Agency \_\_\_\_\_ Date \_\_\_\_\_

Position/Description: \_\_\_\_\_

**SECTION 3:**

Iowa Department of Human Services

**AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION**

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about who information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

<b>PART A: To be completed by the person requesting information.</b>				
1.	Requester <b>Diocese of Des Moines</b>			
	Address <b>601 Grand Avenue</b>			
	City <b>Des Moines</b>	State <b>Iowa</b>	Zip <b>50309</b>	Phone Number <b>(515) 237-5085</b>
2.	The information concerns: Name (first, middle initial, last):			
3.	Maiden Name or Alias (if applicable)	Birth Date	Social Security Number	
4.	What is the purpose of your request for child abuse information? <b>Applicant, Employee or Volunteer</b>			
	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
Diocesan Representative's Signature:				Date

<b>PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.</b>	
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.	
Applicant, Employee or Volunteer's <b>Signature:</b> <b>X</b>	Date

<b>PART C: To be completed by the Central Abuse Registry or designee.</b>	
1. <input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.	
2. <input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.	
3. <input type="checkbox"/> This request for information is denied because the form is incomplete.	
DHS Representative's Signature:	Date:

Comments:	

## **FACTS FOR PARENTS AND PLAYERS “HEADS UP”: CONCUSSION IN SPORTS**

**The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:**

(1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.

(2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.

(3) Key definitions: “Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board. “Extracurricular interscholastic activity” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

**What is a concussion?** A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

**What parents/guardians should do if they think their child has a concussion?**

**1. OBEY THE NEW LAW.**

- a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
- b. Seek medical attention right away.

2. Teach your child that it’s not smart to play with a concussion.

3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

**What are the signs and symptoms of a concussion?** You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

**STUDENTS:** If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.

- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

## **IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.**

### **Signs Reported by Students:**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion • Just not “feeling right” or is “feeling down”

**PARENTS: How can you help your child prevent a concussion?** Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries. • Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### **Signs Observed by Parents or Guardians:**

- Appears dazed or stunned
  - Is confused about assignment or position
  - Forgets an instruction
  - Is unsure of game, score, or opponent
  - Moves clumsily
  - Answers questions slowly
  - Loses consciousness (even briefly)
  - Shows mood, behavior, or personality changes
  - Can’t recall events prior to hit or fall
  - Can’t recall events after hit or fall
- Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

*Fill out and return the bottom portion*

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student's Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Parish: \_\_\_\_\_

### Signature and Acknowledgement

I, \_\_\_\_\_, parent of \_\_\_\_\_ have

read and understand the policy as outlined in the Des Moines Area Catholic Athletic League Handbook. I also acknowledge that I have sat down with my Student-Athlete, and we agree to abide by the information as outlined.

In addition, we acknowledge that any violation of the rules as stated in the handbook, may potentially risk the ability of my student-athlete to participate in the current and future seasons on his/her parish team(s).

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

Date: \_\_\_\_\_