

May 28, 2019

Dear Parent or Guardian:

How are you? It is an honor and a privilege to be the head coach of the Mercy Career & Technical High School Boys' Soccer Team.

Please be advised, that each student-athlete who is going to play soccer, must have the following documents properly completed, prior to participating in any practice or game: physical exam (completed after June 1, 2019), family health history form completed by a parent or guardian, soccer/weight lifting/conditioning permission slip, the parent/guardian/student-athlete standard operating procedure consent form, athlete/parent/guardian sudden cardiac arrest symptoms and warning signs information sheet, and the athlete/parent/guardian sudden cardiac arrest symptoms and warning signs information sheet. The mandatory documents are located on pages 3 through 9 of this soccer packet.

Sometimes, it is challenging to get an appointment in the near future with doctors. Some parents mentioned to me that they have taken their sons to Rite Aid or CVS for school/athletic physical exams. Perhaps, this is a good option for your son.

Rite Aid link: <http://www.rediclinic.com/clinics/pennsylvania/philadelphia/>

CVS link: <https://www.cvs.com/minuteclinic/resources/sports-physicals/>

The preseason tryouts will be held from August 26, 2019 to August 29, 2019 additionally, each student-athlete must have the following items when they report to the soccer tryouts: gym shorts, t-shirt, soccer cleats, running shoes, and an individual plastic water bottle.

The location for pre-season and regular season practices is Fern Hill Park, which is located at Roberts and Wissahickon Avenues, Philadelphia, PA 19144. During preseason camp and the regular season, our student-athletes will be driven in Mercy CTE vans to and from Fern Hill Park. <http://www.recreationparks.net/PA/philadelphia/fernhill-park-philadelphia>

Each pre-season practice and regular season practice will be held Monday through Thursday from 3:30 P.M. to 5:00 P.M. If the time and/or day of practice are changed, Mr. Haley will notify the parents, guardians, and student-athletes.

The location for our home games is the Sprinturf field located at the Kroc Center 4200 Wissahickon Avenue Philadelphia, PA 19129 <https://pa.salvationarmy.org/kroc-center-pa/artificial-turf-sports-field>

In closing, if your son is interested in playing soccer, would you please call me at 215-226-1225 ext. 178 or email me at [jhaley@mercycte.org](mailto:jhaley@mercycte.org) (please put Mercy CTE Boys' Soccer in the subject line).

Sincerely,



To Do List:

Completion Date:

1) Schedule the Physical Exam today for a date after June 1st, 2019 and prior to August 26th, 2019 (Physical Exam & Family Health History Forms: Pages 3-5) ASAP

\_\_\_\_\_

2) Properly complete all the Mandatory Forms on pages 3-9. All mandatory forms must be completed prior to a student-athlete practicing or playing a game for Mercy CTE. Please be advised, there are no exceptions to this rule.

\_\_\_\_\_

3) Buy the Mandatory equipment on pages 10 & 11

\_\_\_\_\_

Please be advised:

- 1) There is a Mercy CTE physical fitness-training program on pages 12-14\*.
- 2) *\*Mercy CTE Physical Fitness Training Program Disclaimer: Prior to starting a training program, a student-athlete must pass a physical exam and have the permission of his parents/guardians. If at any time during exercise, the student-athlete feels light headed or sick, he must inform his parents/guardians and be examined by a doctor. Each student athlete must inform his parent or guardian when and where he does any portion of this physical training program. Please understand that you are solely responsible for the way information in the 2019 Mercy CTE Boys' Soccer Standard Operating Procedure is perceived and utilized and you do so at your own risk.*

If you have any questions or concerns, please call Mr. Haley at 215-226-1225 ext. 178 or email Mr. Haley at [jhaley@mercycte.org](mailto:jhaley@mercycte.org) (please put Mercy CTE Boys' Soccer in the subject line)

To access the Soccer SOP click on the following link <https://www.mercycte.org/athletics/teams-schedules/~athletics-team-id/122>

## Mandatory Form

THE SCHOOL DISTRICT OF PHILADELPHIA REPORT OF PHYSICAL EXAMINATION			
Name of School		Student ID #	Date Issued
Name of Student		Date of Birth	Room/Section/Book Grade
<b>TO THE CARE PROVIDER</b>			
<p>Pennsylvania law requires that students attending school in the Commonwealth be immunized and receive periodic medical examinations at stated intervals. Participation in sports also requires a physical examination. Payment for these examinations is the responsibility of the parent. Both sides of form must be completed for sports participation.</p> <p>THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE. Attach a copy of the student's immunization record, or record the dates below. Minimum required doses for <b>Pennsylvania School Law</b> are shaded.</p>			
VACCINE	Enter Month, Day, and Year Each Immunization Was Given DOSES		
Diphtheria and Tetanus* (DTap, DTP, Td or DT)	1 / /	2 / /	3 / /
Polio, (OPV or IPV)	1 / /	2 / /	3 / /
Hepatitis B	1 / /	2 / /	3 / /
Measles** - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology:   Date           Titer
Varicella	1 / /	2 / /	Rubella Serology:   Date           Titer
Other	1 / /	2 / /	Mumps disease diagnosed by a physician:   Date
* One dose must be on or after the fourth birthday.			
** First dose must be on or after the first birthday and the second dose should be at least one month after the first dose.			
RECORD THE FOLLOWING			
1. Visual Acuity (Without Glasses)   R ____           L ____		(With Glasses)   R ____           L ____	
2. Height _____ inches /cm           Percentile _____		Weight _____ pounds / kg           Percentile _____	
3. Scoliosis Screening   Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		Referred <input type="checkbox"/> No Referral <input type="checkbox"/>	
4. Blood Pressure		Audiometric Screening   R ____           L ____	
5. Date of last PPD	Result _____ mm	Date of last Tetanus Booster _____	
6. List all medications currently being taken.		Reason for medication	
7. Circle any condition this student has or ever had: allergy, asthma, bone fracture or dislocation, congenital abnormality, contacts or glasses, diabetes, epilepsy, head injury, hearing loss, heart trouble or murmur if any. Please specify details, under comments.			
8. Has student ever had any serious illness, injury or operation?   Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify details.			
9. List other problems at this history or examination		<b>Status of the Problem</b>	
		Under Care	Care is Complete
1. _____		Referred	
2. _____			
3. _____			
10. <input type="checkbox"/> No problems identified			
Comments / follow - up treatment plan / Special instructions to school			
Signature of Care Provider (REQUIRED)		Telephone	Care Provider office stamp (REQUIRED)
Address		Date of Exam	

MEH -1 (Rev. 4/2000) COMM. CODE 61602446214

## Mandatory Form

THE SCHOOL DISTRICT OF PHILADELPHIA Report on Interscholastic Athletic Participation School Year Ending June: _____																																			
Name of Student	Date of Birth	Room/Section/Book	Grade																																
<p>TO THE CARE PROVIDER:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;"><u>Yes</u></td> <td style="width: 10%; text-align: center;"><u>No</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>1. I have examined the student named on this form. (if yes, please report results on other side)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>2. I find this student physically qualified to practice for and participate in ALL competitive games / sports.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">3. List any special instructions or limitations for sports participation.</td> </tr> <tr> <td colspan="4">_____</td> </tr> <tr> <td colspan="4">_____</td> </tr> <tr> <td colspan="4">_____</td> </tr> <tr> <td colspan="4">_____</td> </tr> </table>					<u>Yes</u>	<u>No</u>		1. I have examined the student named on this form. (if yes, please report results on other side)	<input type="checkbox"/>	<input type="checkbox"/>		2. I find this student physically qualified to practice for and participate in ALL competitive games / sports.	<input type="checkbox"/>	<input type="checkbox"/>		3. List any special instructions or limitations for sports participation.				_____				_____				_____				_____			
	<u>Yes</u>	<u>No</u>																																	
1. I have examined the student named on this form. (if yes, please report results on other side)	<input type="checkbox"/>	<input type="checkbox"/>																																	
2. I find this student physically qualified to practice for and participate in ALL competitive games / sports.	<input type="checkbox"/>	<input type="checkbox"/>																																	
3. List any special instructions or limitations for sports participation.																																			
_____																																			
_____																																			
_____																																			
_____																																			
Signature of Care Provider (REQUIRED)		Telephone																																	
Address		Date																																	
To the Parent / Guardian:																																			
1. Does this student have health insurance?                      Yes <input type="checkbox"/> No <input type="checkbox"/>																																			
2. Name of Insurance Provider		Policy #																																	
3. Emergency Contact	Telephone	Relationship																																	
<p><i>I hereby give consent to this student named above to practice for and participate in ALL competitive games / sports . I give my permission for travel to and from these programs. I am fully aware of his / her health condition and limitations, if any. I allow this student to receive any emergency treatment deemed necessary by the medical personnel designated by the program authorities.</i></p>																																			
Signature of Parent / Guardian (REQUIRED)		Telephone																																	
Address		Date																																	

# Mandatory Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

## SECTION 3: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.  
Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor every told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur			31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, that caused you to miss a practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	48. How old were you when you had your first menstrual period?	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	49. How many periods have you had in the last 12 months?	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	50. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

No(s).	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.  
Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.  
Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(please turn page over)



## **Mandatory Form**

### **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet**

#### **What is sudden cardiac arrest?**

- Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

#### **How common is sudden cardiac arrest in the United States?**

- There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

#### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- Dizziness
- Lightheadedness
- Shortness of breath
- Difficulty breathing
- Racing or fluttering heartbeat (palpitations)
- Syncope (fainting)
- Fatigue (extreme tiredness)
- Weakness
- Nausea
- Vomiting
- Chest pain

**Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)** The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

#### ***Information about SCA symptoms and warning signs***

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

#### ***Removal from play/return to play***

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician or cardiologist (heart doctor).
- **I have reviewed and understand the symptoms and warning signs of SCA**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

## **Mandatory Form:**

### Athlete/Parent/Guardian UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

**What is a concussion?** A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

**What are the symptoms of a concussion?**

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

Headache or "pressure" in head	Feeling sluggish, hazy, foggy, or groggy	
Nausea or vomiting	Difficulty paying attention	
Balance problems or dizziness	Memory problems	
Double or blurry vision	Confusion	Bothered by light or noise

**What should students do if they believe that they or someone else may have a concussion?**

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, must examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long-term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be: The right equipment for the sport, position, or activity; Worn correctly and the correct size and fit; and used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.**

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

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

**Mandatory Form**

**Soccer/ Weight Lifting/Conditioning Permission Form 2019**

**Preseason Try Out Dates and Location: August 26 , 2019-August 29, 2019**

- **Time of soccer tryouts: (3:30 P.M. to 5:00 P.M.) Student-athletes are to report to Mercy Career & Technical High School and will be driven to and from Fern Hill Park in Mercy CTE vans by the coaches.**

**Regular Season Dates: September 3rd, 2019-November 20, 2019**

**Regular Season Days of training sessions: Monday, Tuesday, Wednesday, and Thursday**

**Regular Season training session time: 3:30 P.M. to 5:00 P.M.**

As a member of the 2019 Mercy Career & Technical High School Boys' Soccer Team, I do hereby give my son (please print your son's name on the line) \_\_\_\_\_ permission to participate in practice sessions and play competitive games (against other high schools-both in the Tri County League and Non League Games) for the. Additionally, I give my son permission to lift weights and kettlebells, and do conditioning drills during soccer pre-season and the soccer season.

**I have informed the Head Coach of the Boys' Soccer Team (Mr. Haley) about any health limitations (e.g. concussions, diabetes, asthma, heart condition, allergies) of my son. I allow this student-athlete to receive any emergency treatment deemed necessary by the coaches and/or medical personnel.**

**Please list any health limitations (e.g. concussions, diabetes, asthma, heart condition, and allergies) of your son:**

**If your son has an inhaler, please give Mr. Haley a full inhaler. Mr. Haley will put your son's name on it and keep in his coaching bag.**

**Additionally, has your son had any concussions? Please list the number of concussions that your son has had and any important medical information about the concussions below.**

**Concussions:** \_\_\_\_\_

**Heart Issues:** \_\_\_\_\_

**Diabetes:** \_\_\_\_\_

**Asthma Inhaler:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Emergency contact information: Please provide a name, relationship to the student-athlete, and cell phone number**

**1<sup>st</sup> Emergency Contact:** \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact:** \_\_\_\_\_

**3<sup>rd</sup> Emergency Contact:** \_\_\_\_\_



**Mandatory Form**  
**2019 Mercy CTE Boys' Soccer Team Rules Consent Form**

Captains: Mr. Haley will select Team captains. The four areas of evaluation for potential captains are as follows: mandatory paperwork properly completed by the first day of pre season came, physical fitness, attitude, skill, and leadership (setting the proper example on and off the field). Please note, only sophomores, juniors, and seniors are eligible to become captains.

**Team Rules:**

**Rules:**

- 1) Remember: We represent Mercy Career & Technical High School
- 2) No Hazing
- 3) No fighting (if a student-athlete fights at practice or in a game, he will be kicked off the team)
- 4) Follow the coach's Plan of the Day for each practice and game
- 5) Practice Good Sportsmanship-we will play a physical but clean game of soccer
- 6) No cursing.
- 7) Hustle at all times.
- 8) Each player must have a Positive Mental Attitude

**Attendance Rules:**

- 1) If a student-athlete has to miss practice or a game, he must personally inform Mr. Haley.
- 2) After 3 unexcused absences, a student-athlete can be kicked off the team.

**Rules for the Mercy CTE Vans and Busses:**

- 1) Thank the bus driver for driving the team to and from the game
- 2) Student-athletes must be seated at all times
- 3) Remain seated during the bus trips
- 4) No yelling
- 5) No rough housing
- 6) Keep the vans and busses clean by throwing trash in a trash can

**Violations of any of the 2019 Mercy CTE Team Rules will result in one of the following actions: a verbal reprimand by Mr. Haley, suspension for a game or dismissal from the team. The punishment depends on the severity and/or the frequency of the violation of the rules.**

**2019 Parental and/or Guardian/ Student-Athlete Team Rules Consent**

I have read the 2019 Mercy CTE Boys' Soccer Team Rules and agree to abide by the Team Rules.

**Student Athlete's Name (PRINT)** \_\_\_\_\_

**Student Athlete's SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**I have read the Team Rules for the 2019 Mercy CTE Boys' Soccer Team Rules and agree that my son will abide by the Team Rules.**

**Parent/Guardian's Name (PRINT)** \_\_\_\_\_

**Parent/Guardian SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Mandatory equipment

**All High School soccer players must wear NOCSAE (pronounced NOXIS) approved shin guards for the 2019 Soccer Season. Please make certain you buy shin guards with the following tag or seal on them. You must play with the appropriate size NOCSAE approved shin guards. Please leave the seal and/or tag on the shin guards. Please look at the chart below for the appropriate size shin guards.**

Show this note to an Employee at Modell's <https://www.modells.com/stores> or an employee at a Dick's Sporting Goods Store <https://stores.dickssportinggoods.com/pa/philadelphia/> and tell the employee that you need to buy NOCSAE approved soccer shin guards.

	<b>Student Athletes must wear appropriate size shin guards based upon Height. Please refer to this chart to purchase the proper shin guards. If a player uses shin guards that are too small or are e not NOCSAE shin guards, the coach gets a yellow card. For the next offense, the player receives a yellow card.</b>
<b>Size</b>	<b>Height of student-athlete</b>
<b>S</b>	<b>4'0" - 4'7"</b>
<b>M</b>	<b>4'8" - 5'3"</b>
<b>L</b>	<b>5'4" - 5'11"</b>
<b>XL</b>	<b>6'0" and up</b>

**Please leave the seal/tag on the shin guards.**

Manufacturer Certifies



**Please make certain to buy a plastic water bottle.**



## Mandatory equipment- Running shoes and Soccer Cleats

**SAVE \$\$** at John's Sneaks <http://www.johnssneaks.com> in Ardmore, Pennsylvania, **only 8 miles from Mercy CTE**

**SAVE you 40% to 80% on all Mens' and Womens' shoes and 20% to 50% on all Kids' shoes. They carry Running, Basketball, and Tennis and Cross Training shoes. They specialize in running shoes with no price higher than \$74.99.**

### **Directions to John's Sneaks from Mercy CTE**

- 1 **Starting at 2900 W Hunting Park Ave, Philadelphia, PA 19129-1803**
- 2 Go Southwest on US-13 (W Hunting Park Ave) 0.1 miles
- 3 Bear right onto W Allegheny Ave 0.5 miles
- 4 Bear right onto Ridge Av 1.2 miles
- 5 Continue onto City Av (toward Ch. 6) 3.1 miles
- 6 Bear right onto US-30 (E Lancaster Ave) 1.5 miles
- 7 Turn left onto W Wynnewood Rd 1.3 miles
- 8 Turn right onto Belmont Ave 0.3 miles
- 9 Turn right onto Pont Reading Rd 0.1 miles

**Johns' Sneaks is ahead on the right –**

**698 Pont Reading Rd, Ardmore, PA 19003-1917**

**610-642-9995 Ask for the Manager-Steve**

### **Finding the Best Running Shoe for you**

<https://www.roadrunnersports.com/rrs/content/choosing-running-shoes/>

### **Finding Online discount-soccer cleats**

<https://www.final-score.com/>

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### **Directions to the Practice Field for Mercy CTE Boys' Soccer**

#### **Start: Mercy CTE**

**2900 West Hunting Park Avenue  
Phila, PA 19129-1803**

#### **End: Fern Hill Park (Soccer Field)**

**Wissahickon Avenue and Roberts Avenue  
Phila, PA 19144**

- 1) **From Mercy CTE go right on W Hunting Park Avenue-continue for .5 miles**
- 2) **Make a left onto Wissahickon Avenue (Rita's Store on the corner)-continue for .4 miles**
- 3) **Once you pass the intersection of Wissahickon and Roberts Avenues, 50 to 75 yards there will be an entrance about 50 to 75 yards on your right to Fernhill Park**

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### **Directions to our Home Field for games from MCTHS: to the Kroc Center Sprinturf Field**

- 1) **From Mercy CTE go right on W Hunting Park Avenue- continue for .5 miles**
- 2) **Make a left onto Wissahickon Avenue (Rita's Store on the corner)-continue .1 miles**
- 3) **Kroc Center is on your left, just past Ruffner Street about 250 yards**

**Hydration is very important –please make certain that you drink water prior to working out.**

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Training Program~ June 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
Hydration is very important –please make certain that you drink water prior to working out.				<b>May 30</b> Run 1/4 mile  6 crunches  Soccer shots against the wall 10 left footed and 10 right footed	<b>May 31</b> Run 1 40 yd. sprint  6 pushups and 6 crunches  Soccer shots against the wall 10 left footed and 10 right footed	<b>1</b> Run ¼ mile 1 lap-high school track Seven days without prayer makes one WEAK!
<b>2</b> Have you scheduled your son's physical exam?	<b>3</b> Run 2 40 yd. sprints  7 pushups  Soccer shots against the wall 10 left footed and 10 right footed	<b>4</b> Run 1/4 mile  8 crunches  Soccer shots against the wall 10 left footed and 14 right footed	<b>5</b> Run 5 40 yd. sprints  8 pushups  Soccer shots against the wall 10 left footed and 10 right footed	<b>6</b> Run 1/4 mile  8 crunches  Soccer shots against the wall 10 left footed and 14 right footed	<b>7</b> Run 2 40 yd. sprints  8 pushups and 8 crunches  Soccer shots against the wall 10 left footed and 10 right footed	<b>8</b> Timed Run: ___ 40 yard ___ ¼ mile  Only 2 % of Americans write their goals down, be in the top 2 % write your goals down.
<b>9</b> If you don't work out For three days, you know it	<b>10</b> Run 3 50 yd. sprints  9 pushups  Soccer shots against the wall 15 left footed and 15 right footed	<b>11</b> Run 1/2 mile  9 crunches  Soccer shots against the wall 15 left footed and 15 right footed	<b>12</b> Run 3 50 yd. sprints  9 pushups  Soccer shots against the wall 15 left footed and 15 right footed	<b>13</b> Run 1/2 mile  9 crunches  Soccer shots against the wall 15 left footed and 15 right footed	<b>14</b> Run 3 50 yd. sprints  9 pushups and 9 crunches  Soccer shots against the wall 15 left footed and 15 right footed	<b>15</b> Timed Run: ___ 50 yard ___ ½ mile  The last two words in American, are "I Can!"
<b>16</b> If you don't work out for a week, some people know it.	<b>17</b> Run 4 50 yd. sprints  10 pushups  Soccer shots against the wall 15 left footed and 15 right footed	<b>18</b> Run 1/2 mile  10 crunches  Soccer shots against the wall 15 left footed and 15 right footed	<b>19</b> Run 4 50 yd. sprints  10 pushups  Soccer shots against the wall 15 left footed and 15 right footed	<b>20</b> Run 1/2 mile  10 crunches  Soccer shots against the wall 15 left footed and 15 right footed	<b>21</b> Run 4 50 yd. sprints  10 pushups and 10 crunches  Soccer shots against the wall 15 left footed and 15 right footed	<b>22</b> Timed Run: ___ 50 yard ___ 1/2 mile  Give people sincere compliments.
<b>23</b> If you don't work out for two weeks, everyone knows it.	<b>24</b> June 24 <sup>th</sup> to June 28 <sup>th</sup> Training-please see the next page	<b>25</b> <b>26</b> <b>27</b> <b>Notes:</b> Please practice the moves in the video. Reps (Repetitions) make the best preps (Preparations)-5 times a week.  Soccer Drills - Top 5 Soccer Training Drills <a href="https://www.youtube.com/watch?v=8C1P1AlKvKc">https://www.youtube.com/watch?v=8C1P1AlKvKc</a>				
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**Hydration is very important –please make certain that you drink water prior to working out.**

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Training Program~ July 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
Hydration is very important –please make certain that you drink water prior to working out.	<b>June 24:</b> Run 5 50 yd. sprints 11 crunches Soccer shots against the wall 15 left footed and 15 right footed	<b>June 25</b> Run 3/4 mile 11 pushups Soccer shots against the wall 15 left footed and 15 right footed	<b>26</b> Run 5 50 yd. sprints 11 crunches Soccer shots against the wall 15 left footed and 15 right footed	<b>27</b> Run 3/4 mile 11 pushups Soccer shots against the wall 15 left footed and 15 right footed	<b>28</b> Run 5 50 yd. sprints 12 crunches & 12 pushups Soccer shots against the wall 15 left footed and 15 right footed	<b>29</b> Timed Run: ____ 50 yard (2X) ____ 3/4 mile <b>Drills improve skills!</b>
	<b>30</b> Hard work results in achieving goals.	<b>1</b> Run 6 50 yd. sprints 13 pushups Soccer shots against the wall 15 left footed and 15 right footed	<b>2</b> Run 3/4 mile 13 crunches Soccer shots against the wall 15 left footed and 15 right footed	<b>3</b> Run 6 50 yd. sprints 14 pushups Soccer shots against the wall 15 left footed and 15 right footed	<b>4</b> Run 3/4 mile 14 crunches Soccer shots against the wall 15 left footed and 15 right footed	<b>5</b> Run 6 50 yd. sprints 15 pushups and 15 crunches Soccer shots against the wall 15 left footed and 15 right footed
<b>7</b> Are you playing in any pick up or organized soccer games?	<b>8</b> Run 7 50 yd. sprints 16 pushups Soccer shots against the wall 20 left footed and 20 right footed	<b>9</b> Run 1 mile 16 crunches Soccer shots against the wall 20 left footed and 20 right footed	<b>10</b> Run 7 50 yd. sprints 17 pushups Soccer shots against the wall 20 left footed and 20 right footed	<b>11</b> Run 1 mile 17 crunches Soccer shots against the wall 20 left footed and 20 right footed	<b>12</b> Run 7 50 yd. sprints 18 pushups and 18 crunches Soccer shots against the wall 20 left footed and 20 right footed	<b>13</b> Timed Run: ____ 100 yard (2X) ____ 1 mile <b>Improve your soccer skills-Play against people who are better than you are in soccer.</b>
<b>14</b> Go the extra mile.	<b>15</b> Run 7 50 yd. sprints 19 pushups Soccer shots against the wall 20 left footed and 20 right footed	<b>16</b> Run 1 mile 19 crunches Soccer shots against the wall 20 left footed and 20 right footed	<b>17</b> Run 7 50 yd. sprints 20 pushups Soccer shots against the wall 20 left footed and 20 right footed	<b>18</b> Run 1 mile 21 crunches Soccer shots against the wall 20 left footed and 20 right footed	<b>19</b> Run 7 50 yd. sprints 22 pushups and 22 crunches Soccer shots against the wall 20 left footed and 20 right footed	<b>20</b> Timed Run: ____ 100 yard (2X) ____ 1 mile <b>Perform a random act of kindness.</b>
<b>21</b> To master a skill, a person must do many repetitions.	<b>22</b> Run 8 50 yd. sprints 23 pushups Soccer shots against the wall 25 left footed and 25 right footed	<b>23</b> Run 1 1/4 mile 24 crunches Soccer shots against the wall 25 left footed and 25 right footed	<b>24</b> Run 8 50 yd. sprints 24 pushups Soccer shots against the wall 25 left footed and 25 right footed	<b>25</b> Run 1 1/4 mile 25 crunches Soccer shots against the wall 25 left footed and 25 right footed	<b>26</b> 25 pushups and 25 crunches Run 8 50 yd. sprints <b>3 Soccer Moves To Beat A Defender</b> <a href="https://www.youtube.com/watch?v=TCyAeqryqHM">https://www.youtube.com/watch?v=TCyAeqryqHM</a> <i>Please practice the moves in the video. Reps (Repetitions) make the best preps (Preparations). 5 times a week.</i>	



**Hydration is very important –please make certain that you drink water prior to working out.**

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Training Program~ August 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
State a problem once and then find a solution.		Hydration is very important –please make certain that you drink water prior to working out.	Be at least 15 minutes early for school, work, practice etc.			27 Timed Run: 150yards__ (twice) __ 1 ¼ mile
28 How hard is it to be nice to people?	29 July Run 8 50 yd. sprints  26 pushups  Soccer shots against the wall 25 left footed and 25 right footed	30 July Run 1 1/4 mile  26 crunches  Soccer shots against the wall 25 left footed and 25 right footed	31 July Run 8 50 yd. sprints  27 pushups  Soccer shots against the wall 25 left footed and 25 right footed	1 Run 1 1/4 mile  27 crunches  Soccer shots against the wall 25 left footed and 25 right footed	2 Run 8 50 yd. sprints  27 pushups and 27 crunches  Soccer shots against the wall 25 left footed and 25 right footed	3 Timed Run: __ 150 yard (2X) __ 1 ¼ mile
4 Enthusiasm is contagious.	5 Run 8 50 yd. sprints  28 pushups  Soccer shots against the wall 30 left footed and 30 right footed	6 Run 1 1/2 mile  29 crunches  Soccer shots against the wall 30 left footed and 30 right footed	7 Run 8 50 yd. sprints  29 pushups  Soccer shots against the wall 30 left footed and 30 right footed	8 Run 1 1/2 mile  29 crunches  Soccer shots against the wall 30 left footed and 30 right footed	9 Run 8 50 yd. sprints  29 pushups and 29 crunches  Soccer shots against the wall 30 left footed and 30 right footed	10 Timed Run: __ 150 (3X) yard __ 1 ½ mile
11 Be a team player.	12 Run 8 50 yd. sprints  30 pushups  Soccer shots against the wall 30 left footed and 30 right footed	13 Run 1 ¾ miles  31 crunches  Soccer shots against the wall 30 left footed and 30 right footed	14 Run 8 50 yd. sprints  31 pushups  Soccer shots against the wall 30 left footed and 30 right footed	15 Run 1 ¾ miles  32 pushups  Soccer shots against the wall 30 left footed and 30 right footed	16 Run 8 50 yd. sprints  32 pushups and 32 crunches  Soccer shots against the wall 30 left footed and 30 right footed	17 Timed Run: __ 150 yard (3X) __ 1 ¾ mile
18 "The art of conversation lies in listening." Malcolm Forbes	19 Run 2 miles  33 pushups  Soccer shots against the wall 30 left footed and 30 right footed	20 Run 8 50 yd. sprints  33 crunches  Soccer shots against the wall 30 left footed and 30 right footed	21 Run 2 miles  34 pushups  Soccer shots against the wall 30 left footed and 30 right footed	22 Run 8 50 yd. sprints  34 pushups  Soccer shots against the wall 30 left footed and 30 right footed	23 Run 2 miles  35 pushups and 35 crunches  Soccer shots against the wall 30 left footed and 30 right footed	24 Timed Run: __ 150 yd. (3X) __ 2 miles
25 Pay it forward.	26 Preseason Training	27 August: Report to the back door of Mercy CTE by 2:45 daily for Preseason	28 August: Report to the back door of Mercy CTE by 2:45 daily for Preseason	29 Aug August: Report to the back door of Mercy CTE by 2:45 daily for Preseason		

