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 (Mercy CTE) Girls’ Softball Team.

Please be advised, that each student-athlete who is going to play softball, 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, softball/weight lifting/conditioning permission slip, and the parent/guardian/student-athlete standard operating procedure consent form. Please note, there are no exceptions to this rule. The aforementioned documents are on pages 3 through 9 of this Standard Operating Procedure (S.O.P.).

The location for pre-season tryouts, regular season practices, and home games is Mc Devitt Recreation Center, which is located at 3531 Scotts Lane Philadelphia, PA 19129 (directions are on page 11). During the preseason and the regular season, our student-athletes will be driven in Mercy CTE vans to and from McDevitt Recreation Center.

The preseason tryouts will be held on March 2nd, March 3rd, March 4th, and March 5th of 2020. Additionally, each student-athlete must have the following items when she reports to the tryouts: sweatpants, sweatshirt, softball cleats, running shoes, softball mitt, and an individual plastic water bottle. Please be advised, we will play games in cold weather, therefore, tryouts and practice will be held outside at the Mc Devitt Recreation Center Softball Field starting on March 2nd 2020.

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.

In closing, if you have any questions, please do not hesitate to call me at 215-226-1225 ext. 178 email me at jhaley@mercycte.org. I am looking forward to coaching your daughter.

Sincerely,

James B. Haley, Jr.
Mercy Career & Technical High School Girls’ Softball

2020 Standard Operating Procedure

"They that hope in the Lord will renew their strength, they will soar as with Eagles wings; they will run and not grow weary, walk and not grow faint." (Isaiah 40:31)

Go Monarchs! Teamwork makes the dream work!
To Do List:

1) Schedule the Physical Exam today for a date prior to March 2nd, 2020
Mercy CTE parents mentioned to me that they have taken their daughter to CVS for
School/athletic physical exams. Perhaps, CVS or the Redi Clinic is a good option for you.
https://www.cvs.com/minuteclinic/resources/sports-physicals

https://www.rediclinic.com/live-healthy/physicals/

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 page 10

4) There is a Mercy CTE pre-season physical fitness-training program on pages 11-12

5) 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 her parents/guardians. If at any time during exercise, the student-athlete feels light
headed or sick, she must inform her parents/guardians and be examined by a doctor. Each student athlete must inform her
parent or guardian when and where she does any portion of this physical training program. Please understand that you are
solely responsible for the way information in the 2020 Mercy CTE Girls’ Softball 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
(please put Mercy CTE Girls’ Softball in the subject line)
# Mandatory Form

## THE SCHOOL DISTRICT OF PHILADELPHIA
### REPORT OF PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Student ID #</th>
<th>Date Issued</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Date of Birth</th>
<th>Room/Section/Book</th>
<th>Grade</th>
</tr>
</thead>
</table>

---

## TO THE CARE PROVIDER

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.

**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 Pennsylvania School Law are shaded.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Enter Month, Day, and Year Each Immunization Was Given</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diphtheria and Tetanus</strong>&lt;sup&gt;1&lt;/sup&gt; (DTap, DTP, Td or DT)</td>
<td>1 / /</td>
</tr>
<tr>
<td><strong>Polio</strong> (OPV or IPV)</td>
<td>1 / /</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>1 / /</td>
</tr>
<tr>
<td><strong>Measles</strong>–<strong>Mumps</strong>–<strong>Rubella</strong> (MMR)</td>
<td>1 / /</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>1 / /</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>1 / /</td>
</tr>
</tbody>
</table>

---

**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

3. **Scoliosis Screening**
   - Normal [ ]
   - Abnormal [ ]
   - Referred [ ]
   - No Referral [ ]

4. **Blood Pressure**
   - [ ]

5. **Date of last PPD**
   - Result
   - 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
   - [ ] Please specify details.

8. **Has student ever had any serious illness, injury or operation?**
   - Yes [ ]
   - No [ ]
   - If yes, please specify details.

---

9. **List other problems at this history or examination**

   - [ ]

   - [ ]

   - [ ]

   - [ ]

---

10. **No problems identified**

---

## Comments / follow-up treatment plan / Special instructions to school

**Signature of Care Provider (REQUIRED)**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Care Provider office stamp (REQUIRED)</th>
</tr>
</thead>
</table>

**Address**

<table>
<thead>
<tr>
<th>Date of Exam</th>
</tr>
</thead>
</table>
# Mandatory Form

**THE SCHOOL DISTRICT OF PHILADELPHIA**

Report on Interscholastic Athletic Participation

School Year Ending June: __________

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Date of Birth</th>
<th>Room/Section/Book</th>
<th>Grade</th>
</tr>
</thead>
</table>

**TO THE CARE PROVIDER:**

1. I have examined the student named on this form. (if yes, please report results on other side)
   - Yes □
   - No □

2. I find this student physically qualified to practice for and participate in ALL competitive games / sports.
   - Yes □
   - No □

3. List any special instructions or limitations for sports participation.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

**Signature of Care Provider (REQUIRED)**

<table>
<thead>
<tr>
<th>Signature of Care Provider</th>
<th>Telephone</th>
<th>Address</th>
<th>Date</th>
</tr>
</thead>
</table>

**To the Parent / Guardian:**

1. Does this student have health insurance? (if yes, please report results on other side)
   - Yes □
   - No □

2. Name of Insurance Provider

   ____________________________

   Policy #

3. Emergency Contact

   ____________________________

   Relationship

   ____________________________

   Telephone

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.

**Signature of Parent / Guardian (REQUIRED)**

<table>
<thead>
<tr>
<th>Signature of Parent / Guardian</th>
<th>Telephone</th>
<th>Address</th>
<th>Date</th>
</tr>
</thead>
</table>
**Mandatory Form**

**SECTION 3: HEALTH HISTORY**

Explain “Yes” answers at the bottom of this form. Circle questions you don’t know the answers to.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Do you have an ongoing medical condition (like asthma or diabetes)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Do you have allergies to medicines, pollen, foods, or stinging insects?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Have you ever passed out or nearly passed out during exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Have you ever passed out or nearly passed out after exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Have you ever had discomfort, pain, or pressure in your chest during exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Does your heart race or skip beats during exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Has a doctor ever told you that you have high blood pressure?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Has anyone in your family died of heart disease?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Does anyone in your family have a heart problem?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Has any family member or relative died of heart problems or of sudden death before age 50?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Does anyone in your family have narcolepsy syndrome?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Have you ever spent the night in a hospital?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Have you ever had surgery?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis, that caused you to miss a practice or contest?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle affected area.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast, or crutches? If yes, circle below:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. Have you ever had a stress fracture?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21. Have you been told that you have or have you had an x-ray for asthenoviral (cold) instability?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. Do you regularly use a brace or assistive device?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23. Has a doctor ever told you that you have asthma or allergies?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>24. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>25. Is there anyone in your family who has asthma?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>26. Have you ever used inhaler or taken asthma medication?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>28. Have you had infectious mononucleosis (mono) within the last month?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>29. Do you have any rashes, pressure sores, or other skin problems?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>30. Have you had a herpes skin infection?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>31. Have you ever had a head injury or concussion?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>32. Have you been hit in the head and been confused or lost your memory?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>33. Have you ever had a seizure?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>34. Do you have headaches with exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>36. Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>37. When exercising in the heat, do you have severe muscle cramps or become IV?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>39. Have you had any problems with your eyes or vision?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>40. Do you wear glasses or contact lenses?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>41. Do you wear protective eyewear, such as goggles or a face shield?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>42. Are you happy with your weight?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>43. Are you trying to gain or lose weight?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>44. Has anyone recommended you change your weight or eating habits?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>45. Do you limit or carefully control what you eat?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>46. Do you have any concerns that you would like to discuss with a doctor?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**FEMALES ONLY**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47. Have you ever had a menstrual period?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>48. How old were you when you had your first menstrual period?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>49. How many periods have you had in the last 12 months?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>50. Are you pregnant?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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
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

Softball/ Weight Lifting/Conditioning Permission Form 2020

Preseason Try Out Dates and Location: March 2nd, 2020, March 3rd, 2020, March 4th, 2020, and March 5th, 2020

- Time of softball tryouts: (3:30 P.M. to 5:00 P.M.) Student-athletes are to report to the Mercy CTE School gym and will be driven to McDevitt Rec Center in Mercy CTE vans by the coaches.

Regular Season Dates: March 2nd, 2020– May 24th, 2020

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 2020 Mercy CTE Girls’ Softball Team, I do hereby give my daughter (please print your daughter’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 2020 Mercy CTE Girls’ Softball Team. Additionally, I give my daughter permission to lift weights and kettlebells, and do conditioning drills during softball Preseason and the regular season.

I have informed the Head Coach of the Girls’ Softball Team (Mr. Haley) about any health limitations (e.g. concussions, diabetes, asthma, heart condition, allergies) of my daughter. 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 daughter:

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

Additionally, has your daughter had any concussions? Please list the number of concussions that your daughter 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

1st Emergency Contact: ________________________________________________

2nd Emergency Contact: ______________________________________________

3rd Emergency Contact: ______________________________________________

Page 8
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, and leadership (setting the proper example on and off the field).

Team Rules:

Rules:
1) Remember: We will represent Mercy CTE in the proper way.
2) You can't play for 2 softball teams—a student-athlete must make a decision—either play for Mercy CTE or another team.
3) No Hazing.
4) No fighting (if a student-athlete fights at practice or in a game, she will be kicked off the team).
5) Follow the coach's Plan of the Day for each practice and game.
6) Practice Good Sportsmanship.
7) We will play a gutsy game of softball.
8) No cursing.
9) Hustle at all times.
10) Positive mental attitude—a student may be kicked off the team due to a bad attitude.
11) Tell Mr. Haley the truth if you have to miss a practice or game.

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

Behavior as passengers in 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 2020 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.

2020 Parental and/or Guardian/Student-Athlete Team Rules Consent

I have read the 2020 Mercy CTE Girls' Softball 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 2020 Mercy CTE Girls' Softball Team Rules and agree that my son will abide by the Team Rules.

Parent/Guardian’s Name (PRINT) __________________________________________________________

Parent/Guardian SIGNATURE ______________________________________________________ DATE__________
**Mandatory equipment**

1) Please make certain to buy a plastic water bottle

https://www.nalgene.com/bottles/wide-mouth/

2) SAVE $ at John’s Sneaks [http://www.johnssneaks.com](http://www.johnssneaks.com) in Ardmore, Pennsylvania, **only 8 miles from Mercy CTE** [https://www.facebook.com/JohnsSneaks](https://www.facebook.com/JohnsSneaks)

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.youtube.com/watch?v=38_QDyL0i8w](https://www.youtube.com/watch?v=38_QDyL0i8w)

3) Affordable Softball Gloves and Cleats:
[https://www.playitagainsportsberwyn.com/](https://www.playitagainsportsberwyn.com/) Berwyn, PA

[https://www.playitagainsportsdeptford.com/](https://www.playitagainsportsdeptford.com/) Deptford, NJ

[https://stores.modells.com/](https://stores.modells.com/)? Find a Modell’s Near You

4) **Directions to the Practice Field for Mercy CTE Girls’ Softball Field for Practice and Home games**

<table>
<thead>
<tr>
<th>Start @ Mercy CTE: 2900 W Hunting Park Ave</th>
<th>Head southwest on W Hunting Park Ave toward N 30th St</th>
<th>299 ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp right onto Henry Ave</td>
<td>0.7 mi</td>
<td></td>
</tr>
<tr>
<td>Turn left onto Indian Queen Ln</td>
<td>0.2 mi</td>
<td></td>
</tr>
<tr>
<td>Continue straight onto Scotts Ln</td>
<td>0.3 mi</td>
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<tr>
<td>End: Mc Devitt Recreation Center, 3531 Scotts Ln, Philadelphia, PA 19129</td>
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</tr>
</tbody>
</table>

________________________________________________________________________________

Page 10
Hydration is very important – please make certain that you drink water prior to working out.

*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 and/or guardians. If at any time during exercise, The student-athlete feels light headed or sick, she must inform his parents/guardians and be examined by a doctor. Each student athlete must inform her 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 2020 Mercy CTE Girls’ Softball Standard Operating Procedure is perceived and utilized and you do so at Your own risk.

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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<tbody>
<tr>
<td>Please do the drills.</td>
<td>5</td>
<td>Run ½ mile or jump rope for 6 minutes</td>
<td>7</td>
<td>Run five 50 yard sprints or jump rope for 60 seconds at max speed (5 times)</td>
<td>8</td>
<td>Run ½ mile or jump rope for 6 minutes</td>
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<tr>
<td>11</td>
<td>Batting Practice:</td>
<td>12</td>
<td>Run ¾ mile or jump rope for 7 minutes</td>
<td>14</td>
<td>Run six 50 yard sprints &amp; jump rope for 60 seconds at max speed (6 times)</td>
<td>15</td>
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<tr>
<td>18</td>
<td>Throwing overhand:</td>
<td>19</td>
<td>Run 1 mile or jump rope for 10 minutes</td>
<td>21</td>
<td>Run 1 mile or jump rope for 10 minutes</td>
<td>22</td>
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<tr>
<td>25</td>
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<td>26</td>
<td>Run 1 mile or jump rope for 10 minutes</td>
<td>27</td>
<td>Run nine 50 yard sprints or jump rope for 60 seconds at max speed (9 times)</td>
<td>28</td>
</tr>
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</table>
Hydration is very important—please make certain that you drink water prior to working out.

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