

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@mercycyte.org](mailto:jhaley@mercycyte.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!**



2020 Mercy CTE School Girls' Softball Standard Operating Procedure

To Do List:

Completion Date:

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](mailto:jhaley@mercycte.org) (please put Mercy CTE Girls' Softball in the subject line)*

## 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. 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 <b>DOSES</b>				
Diphtheria and Tetanus* (DTap, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio, (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	
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 _____		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		Date of last Tetanus Booster		
	_____ mm		_____		
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	Referred
1. _____					
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 61602445214

## 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> <p>1. I have examined the student named on this form. (if yes, please report results on other side) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>2. I find this student physically qualified to practice for and participate in ALL competitive games / sports. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>3. List any special instructions or limitations for sports participation.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
Signature of Care Provider (REQUIRED)		Telephone	
Address		Date	
<p>To the Parent / Guardian:</p> <p>1. Does this student have health insurance? <span style="margin-left: 100px;">Yes <input type="checkbox"/></span> <span style="margin-left: 100px;">No <input type="checkbox"/></span></p>			
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 ever 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"/>
Head    Neck    Shoulder    Upper arm    Elbow    Forearm    Hand/ Fingers    Chest			43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back    Lower back    Hip    Thigh    Knee    Calf/shin    Ankle    Foot/ Toes			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<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"/>
			<b>FEMALES ONLY</b>		
			47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
			48. How old were you when you had your first menstrual period?		_____
			49. How many periods have you had in the last 12 months?		_____
			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: Understanding the risk of concussion and traumatic brain injury

## Athlete/Parent/Guardian

**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

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**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.**

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**Regular Season Dates: March 2nd, 2020– May 24<sup>th</sup>, 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.**

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*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**

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

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

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

## **Mandatory Form 2020 Mercy CTE Girls' Softball Team Rules Consent Form**

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> in Ardmore, Pennsylvania, **only 8 miles from Mercy CTE** <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)

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3) **Affordable Softball Gloves and Cleats:**

<https://www.playitagainsportsberwyn.com/> Berwyn, PA

<https://www.playitagainsportsdeptford.com/> Deptford, NJ

<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**

**Start @ Mercy CTE: 2900 W Hunting Park Ave**

Head southwest on W Hunting Park Ave toward N 30th St

299 ft.

Sharp right onto Henry Ave

0.7 mi

Turn left onto Indian Queen Ln

0.2 mi

Continue straight onto Scotts Ln

0.3 mi

**End: Mc Devitt Recreation Center, 3531 Scotts Ln, Philadelphia, PA 19129**

**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**

January 2020 Softball Pre-Season Workout							20 ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Please do the drills.						4 Drills: Batting Cage: Basics of Hitting <a href="https://www.youtube.com/watch?v=HFXIONfyjek">https://www.youtube.com/watch?v=HFXIONfyjek</a>	
5	6 Run ½ mile or jump rope for 6 minutes	7 Run five 50 yard sprints or jump rope for 60 seconds at max speed (5 times)	8 Run ½ mile or jump rope 6 minutes	9 Run five 50 yard sprints & jump rope for 60 seconds (5 times)	10 Run ½ mile or jump rope for 6 minutes	11 Batting Practice: <a href="https://www.youtube.com/watch?v=v33HXMpXVxl">https://www.youtube.com/watch?v=v33HXMpXVxl</a>	
12	13 Run ¾ mile or jump rope for 7 minutes	14 Run six 50 yard sprints & jump rope for 60 seconds at max speed (6 times)	15 Run ¾ mile or jump rope for 7 minutes	16 Run six 50 yard sprints & jump rope for 60 seconds at max speed (6 times)	17 Run ¾ mile or jump rope for 7 minutes	18 Throwing overhand: <a href="https://www.youtube.com/watch?v=gcN3azy8GDY">https://www.youtube.com/watch?v=gcN3azy8GDY</a>	
19 Run 1 mile or jump rope for 10 minutes	20 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	21 Run 1 mile or jump rope for 10 minutes	22 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	23 Run 1 mile or jump rope for 10 minutes	24 How to catch a Ball: <a href="https://www.youtube.com/watch?v=uOwC9wmhd0Y">https://www.youtube.com/watch?v=uOwC9wmhd0Y</a>	25	
26 Run 1 mile or jump rope for 10 minutes	27 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	28 January-31 January Run 1 mile or jump rope for 10 minutes	Page 11				

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

February 2019 Pre-Season Softball Workout							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Please do the drills on Saturdays.			29 Jan	1 Feb	2 Run 1 mile or jump rope for 10 minutes	3 Batting Practice: <a href="https://www.youtube.com/watch?v=v33HXMpXVxl">https://www.youtube.com/watch?v=v33HXMpXVxl</a>	
	4	5 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	6 Run 1 mile or jump rope for 10 minutes	7 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	7 Run 1 mile or jump rope for 10 minutes	8 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	9 Throwing overhead: <a href="https://www.youtube.com/watch?v=gcN3azy8GDY">https://www.youtube.com/watch?v=gcN3azy8GDY</a>
	10	11 Run 1 mile or jump rope for 10 minutes	12 Run 1 mile or jump rope for 10 minutes	13 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	14 Run 1 mile or jump rope for 10 minutes	15 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	16 How to catch a ball: <a href="https://www.youtube.com/watch?v=UOwC9wmhd0Y">https://www.youtube.com/watch?v=UOwC9wmhd0Y</a>
	17	18 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	19 Run 1 mile or jump rope for 10 minutes	20 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	21 Run 1 mile or jump rope for 10 minutes	22 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	23 Batting Practice: <a href="https://www.youtube.com/watch?v=v33HXMpXVxl">https://www.youtube.com/watch?v=v33HXMpXVxl</a>
	24	25-26 Run 1 mile or jump rope for 10 minutes	27-28 Run nine 50 yard sprints Or jump rope for 60 seconds at max speed (9 times)	Page 12			

