

SAINT XAVIER HIGH SCHOOL ATHLETIC DEPARTMENT



1609 Poplar Level Road • Louisville, Kentucky 40217

Phone: 502.635.5300 • Fax: 502.634.2158

www.saintx.com

May 4, 2009

Dear Students and Parents:

As you end this school year and look forward to summer, we are preparing for the 2009-2010 athletic season. Part of this preparation includes reminding you of the opportunities to participate in the school community. Academic, social, and extra-curricular endeavors are all important to the Saint Xavier experience. I am writing to encourage you to become involved in all aspects of our school and to provide you with important information about participating in the athletic program.

Saint Xavier provides a comprehensive program of athletics. Ten sports sanctioned by the Kentucky High School Athletic Association (KHSAA) are available for Saint Xavier students. Cross Country, Football, Golf, and Soccer are offered in the fall season. Basketball, Swimming & Diving, and Wrestling are the winter sports. In the spring, the KHSAA programs include Baseball, Tennis, and Track & Field. In addition, the athletic department provides club sport opportunities in ice hockey, lacrosse, power lifting, and volleyball. This letter is your personal invitation to become involved.

The Saint Xavier Athletic Participation Handbook is available online on the **ATHLETICS** page of the St. X website at www.saintx.com. The current edition will be updated this summer, but you can expect only minor revisions from the 2008-2009 version that is currently available. If you would like a hard copy of the handbook, please call the Athletic Department and we will be glad to send you one. Be sure to familiarize yourself with all of our department policies, procedures, and forms as well as KHSAA guidelines.

All participants in the Saint Xavier athletic programs are required to complete a “Parental Consent/Permission to Treat Authorization” form prior to participation. The form is included in this mailing with the required physical form. **Please remember that we will only accept the 2009-2010 Saint Xavier High School form included in this packet. No other forms will be accepted. Incomplete forms will not be accepted.**

Due to the high volume of athletic forms that must be processed in our office we ask that you honor the following deadlines for submitting your forms to the Athletic Department: Fall Sports – June 23; Winter Sports – September 1; Spring Sports – December 1. Only one form is required per school year. You are not required to submit multiple forms if you plan to participate in more than one season.

This packet also includes important calendar information, CoreCourseGPA (formerly Clearinghouse Calculator) information, and NCAA Standards information. Review the following pages for specific details about sport participation. If you have questions about Saint Xavier athletics, please do not hesitate to call the Athletic Department. You may reach us directly at 502.635.5300.

Sincerely,

A handwritten signature in black ink that reads "Alan H. Donhoff". The signature is written in a cursive, flowing style.

Alan H. Donhoff
Athletic Director

SAINT XAVIER ATHLETICS

SUMMER 2009 IMPORTANT DATES

June 3	Cross Country Meeting ~ 7:00 p.m. Viewing Room of the Media Center
June 8	Freshman Football Parent Meeting ~ 5:00 p.m. Auditorium
June 8-12	Basketball Camp for Freshmen ~ 9:00 a.m. - Noon
June 8-11	Cross Country Camp for Freshmen ~ 8:45 – 11:45 a.m.
June 8-11	Track & Field Camp for Freshmen ~ 1:00 -4:00 p.m.
June 15-August 7	Tiger Tennis Training (ages 10 – 18) ~ 9:00 a.m. – 1:00 p.m.
June 15-19	Baseball Camp for Freshmen ~ 9:00 – 11:30 a.m.
June 15-19	Soccer Camp for Freshmen ~ Noon – 3:00 p.m.
June 16-17	Physical Exams for prospective student athletes returning to St. X for their Sophomore, Junior, or Senior year ~ 8:00 – 11:00 am Auditorium
June 18-20	Wrestling Camp (4 th – 12 th Graders) ~ 9:00 am – 3:30 p.m.
June 22	Golf Meeting for Freshmen and Parents ~ 7:00 p.m. Viewing Room of the Media Center
June 23	Deadline for physicals to be turned in to the Athletic Department for fall sports participants
June 25 – July 9	KHSAA Dead Period ~ St. X Athletic Department and facilities are <u>CLOSED</u>
June 26	Incoming Student Physical Examination and Immunization forms due in the Admissions Office
July 17	Golf Practice Session for Returning St. X Golfers
July 18	Golf Practice Session for Returning St. X Golfers
July 19	Skills Testing Tryout for New Golfers
July 22	Football Parent Meeting ~ 7:00 p.m. Auditorium
July 23	Golf Tryouts – Round 1
July 23	Freshmen Football Meeting and 1 st Practice Session ~ 5:30 p.m.
July 23	Fall Sports Parent Meeting ~ 7:00 p.m. Auditorium
July 24	Golf Tryouts – Round 2 (cut to best 50% or best 30 scorers)
July 27	Cross Country 1 st Practice for Freshmen ~ 9:00 a.m. at Seneca Park (Meet at the Tennis Courts)
July 30	Golf Tryouts – Round 3
July 31	Golf Tryouts – Round 4
August 3-7	Soccer Tryouts for Sophomores, Juniors, and Seniors ~ 8:00 – 11:00 a.m. & 6:00 – 8:00 p.m. Soccer Field
August 3-7	Soccer Tryouts for Freshmen 10:00 a.m. ~ Noon Soccer Field

SUMMER CAMP REGISTRATIONS: *Registration forms for summer camps can be found by visiting our website at www.saintx.com, click on “Athletics”, then “Summer at St. X”. Space is limited.*

PHYSICAL EXAM ~ *Sport Physicals **are required annually**. All physical exams expire 12 months from the date the exam was administered. **AN EXPIRED PHYSICAL WILL RESULT IN IMMEDIATE INELIGIBILITY!** Physical exams are to be turned into the Athletic Department – **DO NOT** return physicals to coaches. Athletes planning to participate in fall sports **MUST** have a completed physical turned into the Athletic Department **BEFORE** June 23, 2009. Athletes planning to participate in winter and spring sports **MUST** have a completed physical turned in to the Athletic Department before the first day of school. Only one Eligibility/Consent Form is due per athlete per school year.*

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

Saint Xavier Athletic Department

June 2009 Sport Physical Dates!

All upperclassmen (sophomores, juniors, and seniors) intending to play *either KHSAA sanctioned or Club sports* during the 2009-2010 school year must have a physical exam prior to any participation. This includes participation during the tryout period for each sport. Make special note of the fact that physicals are required for all athletic teams, both KHSAA sanctioned and St. Xavier club teams. Mark your calendar for June 16th and June 17th and pay close attention to the schedule below for the upcoming free athletic physicals at Saint Xavier. Students who intend to participate in more than one sport should report for their first scheduled sport. Those unable to attend during the scheduled block may substitute another time during the two days. The Saint Xavier Sports Medicine team will work them in as quickly as possible. If neither of these dates works with your schedule, you will need to make your own arrangements for sports physicals. Remember, participation is not permitted in any sport in 2009-2010 without first completing the required physical exam. **We will NOT have make-up dates for sports physicals.** June 16th & 17th are the only dates scheduled based on the availability of the doctors who have been so generous in donating their services to our athletes.

Time	June 16 - Sport Schedule	Time	June 17 - Sport Schedule
8:00 AM	Football, Powerlifting, Lacrosse	8:00 AM	Football, Hockey, Tennis
9:00 AM	Football, Powerlifting, Lacrosse	9:00 AM	Football, Hockey, Tennis
10:00 AM	Golf, Soccer, Volleyball	10:00 AM	Basketball, Swimming
11:00 AM	Cross Country, Track	11:00 AM	Swimming, Wrestling, Baseball

Please complete the enclosed “Parental Consent/Permission to Treat Authorization” form and return it with your son when he reports to our physicals. If you son is not participating in our physicals, please return to the completed form to the Athletic Department by June 23, 2009.

Student's Full Name _____ 2009-2010 Grade Entering _____
Last First Middle

PART 1 – 2009-2010 PARENTAL CONSENT / PERMISSION TO TREAT AUTHORIZATION

**** PARENT/GUARDIAN(S) SIGNATURES & CONTACT INFORMATION ARE REQUIRED IN ORDER FOR YOUR SON TO RECEIVE ANY NECESSARY MEDICAL TREATMENT OF MEDICATION (INCLUDING TYLENOL, ADVIL, ETC). ****

In the event of an injury or illness during the school day or at a school event or, if applicable, an athletic event or practice session, I give permission for my son, _____, to receive proper/necessary care from the school nurse, Saint Xavier team physician, staff member, certified athletic trainer or coach. In addition, I authorize treating physicians and/or their representatives to release medical information to representatives of the Saint Xavier Administration, Athletic Department, Sports Medicine Department and coaching staff, as applicable.

X _____
Parent/Guardian Signature **Date**

In the event of an emergency during the school day or at a school event or, if applicable, an athletic event or practice session, I give permission for my son, _____, to be transported to an appropriate medical facility for treatment. Furthermore, I give permission for the staff at the medical facility to render any and all treatment that is necessary for the well-being of my son. In addition, I authorize treating physicians and/or their representatives to release medical information to representatives of the Saint Xavier Administration, Athletic Department, Sports Medicine Department and coaching staff, as applicable.

X _____
Parent/Guardian Signature **Date**

Some insurance companies require treatment by specific physicians and/or specific hospitals. If your insurance requires this or if you prefer specific treatment arrangements in the event of an emergency, indicate your instructions below. I understand that treatment may be delayed while the doctor is contacted.

Physician Name _____ **Phone** _____ **Hospital** _____

In addition, I authorize treating physicians and/or their representatives to release medical information to representatives of the Saint Xavier Administration, Athletic Department, Sports Medicine Department and coaching staff, as applicable.

X _____
Parent/Guardian Signature **Date**

I authorize any physician or representative of The Louisville Orthopedic Clinic to administer school athletic examinations, medical care, including hospital care where deemed necessary, during the course of school athletic activities or school travel. I also authorize any physician or representative of The Louisville Orthopedic Clinic to release medical information to the Saint Xavier Sports Medicine Department, the St. X coaching staff, representatives of the St. X Athletic Department and Administration.

X _____
Parent/Guardian Signature **Date**

Part 2 – CONTACT INFORMATION

Please complete both boxes, even if student does not live with one or both parents:

FATHER (Living/Deceased - *circle one*)

 Name

 Home Phone #

 Business Phone # Cell Phone #

 Email Address St. X Alum? (Class Year)

MOTHER (Living/Deceased - *circle one*)

 Name

 Home Phone #

 Business Phone # Cell Phone #

 Email Address

If student does not live with one or both parents, please fill in the appropriate box(es) below:

STEP-FATHER/GUARDIAN (Living/Deceased - *circle one*)

 Name

 Home Phone #

 Business Phone # Cell Phone #

 Email Address St. X Alum? (Class Year)

STEP-MOTHER/GUARDIAN (Living/Deceased - *circle one*)

 Name

 Home Phone #

 Business Phone # Cell Phone #

 Email Address

EMERGENCY CONTACT INFORMATION – IF PARENTS CANNOT BE REACHED

Name _____ Relationship _____
 Home Phone # _____ Cell Phone # _____

***IMPORTANT* - If emergency contact information changes at any time, contact Student Services at 637-4712 to ensure that you can be reached in an emergency.**

MEDICAL INFORMATION AND PHYSICAL EXAMINATION FORM

PART 3 – STUDENT INFORMATION

Student's Social Security #: _____ / _____ / _____ 2009-2010 Grade Entering: _____
 (Required by KHSAA)

Student's Full Legal Name: _____
 Last First Middle 'Nickname'

Student's Home Address: _____
 Number & Street City State Zip Code

Student's Date of Birth: ____ / ____ / ____ Place of Birth (City, State): _____ Home Phone: _____

PART 4 - MEDICAL INFORMATION

Primary Physician _____ Office Phone # _____

Family Dentist _____ Office Phone # _____

Do You Have Hospital Insurance? _____ Yes _____ No Date of Last Tetanus Shot _____

Name of Insurance Company _____ Policy # _____

PART 5 – PARTICIPATION INFORMATION

Attendance History

Grade	School Name	School Year	Varsity Play (Yes/No)
9			
10			
11			
12			

Please indicate if you are planning to participate in any of the following interscholastic sports: (Circle all that you may try to play.)

BASEBALL*** BASKETBALL CROSS COUNTRY FOOTBALL GOLF LACROSSE*** HOCKEY POWERLIFTING***
 SOCCER SWIMMING/DIVING TENNIS *** TRACK & FIELD*** VOLLEYBALL *** WRESTLING

*****NOTE: STUDENTS PLANNING TO PARTICIPATE IN THE FOLLOWING SPORTS Baseball, Lacrosse, Powerlifting, Tennis, Track & Field, &/or Volleyball: Your Physical Examination Must Be Completed BETWEEN JUNE 10 AND JULY 11, 2009 in order for you to be eligible to play any spring sport during the upcoming school year.**

PART 6 - MEDICAL HISTORY (to be completed by parent and student and presented to authorized health care provider before the physical examination)

CHECK THE APPROPRIATE RESPONSE TO EACH QUESTION:		YES	NO	CHECK THE APPROPRIATE RESPONSE TO EACH QUESTION:		YES	NO
1. Do you have any allergies (medicine, food, bees or other insects, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		19. Do you have any skin problems (itches, rashes, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever been diagnosed with any form of asthma?*	<input type="checkbox"/>	<input type="checkbox"/>		20. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you use an inhaler for asthma?*	<input type="checkbox"/>	<input type="checkbox"/>		21. Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>		22. Have you ever had a "stinger," "burner," or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you administer insulin to yourself?	<input type="checkbox"/>	<input type="checkbox"/>		23. Have you ever had heat-related problems?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have a history of tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>		24. Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you have a history of rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>		25. Do you cough heavily or breathe heavily during activity?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever had a seizure or have you ever suffered from epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>		26. Do you use a knee brace or other special equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>		27. Have you ever had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>		28. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you ever had surgery of any kind (e.g. tonsillectomy)?	<input type="checkbox"/>	<input type="checkbox"/>		29. Are you missing one of any paired organs (e.g. eye)?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		30. Are you presently using tobacco in any form?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		31. Do you have a history of sickle-cell anemia in your family?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		32. Have you ever had any other medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>		33. Have you had a medical problem or injury within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>		34. Can you swim?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Have you ever had any racing of your heart?	<input type="checkbox"/>	<input type="checkbox"/>					
18. Has anyone in your family died of heart problems before age 50?	<input type="checkbox"/>	<input type="checkbox"/>					

Please explain any/all YES answers to questions 1-34 above: _____

PART 7 - INFORMED CONSENT/WAIVER FORM (Must be completed before athletes receive pre-participation exam by St. X physicians.)

The mass screening pre-participation examination of student athletes does not rule out cardiovascular or other disorders that can cause sudden death in student athletes. This examination is most properly done by the student athlete's primary care provider who has access to the student athlete's complete medical records. There are disorders that cannot be diagnosed with the currently accepted mass screening examination standards. Saint Xavier High School and the examining physicians cannot and do not assume either responsibility or liability for the health and safety of student athletes who participate in the mass screening program. In lieu of the mass screening pre-participation examination, I understand that I can arrange for a comprehensive physical examination with my son's/ward's primary care provider.

I understand the above statement and authorize the physicians associated with Saint Xavier Sports Medicine to provide my son's pre-participation examination.

X _____ Date _____
Parent/Guardian Signature

MEDICAL INFORMATION AND PHYSICAL EXAMINATION FORM

PART 8 – PHYSICAL EXAMINATION (must be completed by an Authorized Health Care Provider*)

Student's Social Security #: _____ / _____ / _____ 2009-2010 Grade Entering: _____
(Required by KHSAA)

Student's Full Legal Name: _____
Last First Middle

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ Vision: R-20/ _____ L-20/ _____ Both: 20/ _____ Corrected ? (YES/NO)

	Normal	Abnormal
HEART		
Rhythm (regular/irregular)		
Murmur (supine)		
Murmur (standing)		
ENT (tonsils?)		
Lungs		
Skin & Scalp		
Eyes		
Ears		
Nose		
Abdominal		
Genitalia		
Musculoskeletal / Posture		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Dental		
Nervous System		
Lymph Nodes		
Thyroid		
Other		

Comments:

**Student Athletes-as defined in KHSAA Bylaws*

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

Cleared _____ Cleared after additional evaluation for: _____

Restricted from participating in the sports of: _____

Cleared only to participate in the sports of: _____

Recommendations/Restrictions (Attach additional documentation if necessary.) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Provider's Signature _____ Authorized Provider's Printed Name _____ Date** _____

Address _____ City _____ State _____ Zip _____ Phone _____

****THIS PHYSICAL EXAMINATION IS VALID FOR EXACTLY ONE YEAR FROM DATE ADMINISTERED****

The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics. The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision. The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees. The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution through the member school or by review at <http://www.khsaa.org/handbook/>. **Please be aware that a student is subject to the one year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.** The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control. The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics. The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA. The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation. The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid. The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

PARENT/GUARDIAN

As parent/guardian of this student, I have read all the information in the Participation Handbook for Parents and Student Athletes, available online at www.saintx.com. This includes information regarding KHSAA eligibility requirements, training rules, hazards and risks associated with participation in athletics, responsibility for equipment, medical insurance, and tobacco/alcohol/drug policy. Having read this information, I give consent for my son to participate in the athletic program at Saint Xavier High School and agree to accept and support all of the school and KHSAA policies associated with such participation. I execute this release voluntarily and with full knowledge of its significance.

X _____
Parent/Guardian Signature

Date

STUDENT

As student/participant, I have read all of the information in the Participation Handbook for Parents and Student Athletes, available online at www.saintx.com. This includes information regarding KHSAA eligibility requirements, training rules, hazards and risks associated with participation in athletics, responsibility for equipment, medical insurance, and tobacco/alcohol/drug policy. I recognize the importance of following the instructions of my coaches and agree to obey such instructions in order to protect my safety and well-being. Having read this information, I agree to participate in the athletic program at Saint Xavier High School and agree to accept and support all of the school and KHSAA policies associated with such participation.

X _____
Student Signature

Date

Dear Parent/Guardian,

We are pleased to inform you that Saint Xavier High School is making the CoreCourseGPA.com (formerly Clearinghouse Calculator), a web-based interactive tool, available to all Saint Xavier High School student-athletes and their parents/guardians **free of charge**.

If your son has aspirations of competing athletically as a freshman at an NCAA Division I or Division II school, he must meet NCAA Initial-Eligibility minimum standards, including core course GPA and SAT/ACT test score requirements. The CoreCourseGPA.com is an innovative tool that allows you to easily track your son's progress towards meeting these requirements, beginning as soon as his first semester of his freshman year.

To activate your son's CoreCourseGPA.com membership, follow these simple steps:

1. Go to www.CoreCourseGPA.com
2. Enter School ID and School Code in the **New Member Account Creation** box:

School ID:	181610
School Code:	711752118
3. Click "**Continue.**"
4. **Fill in the appropriate fields** in the **Create New Student Account** form.
Remember to write down the new Member Name and Password you have created
5. Click "**Submit.**"
Congratulations! You have successfully created your CoreCourseGPA.com member account.

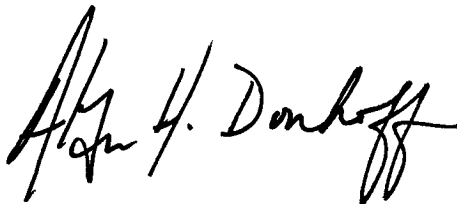
To login to your member account and begin using the CoreCourseGPA.com software, follow these simple steps:

1. Go to www.CoreCourseGPA.com
2. Enter your **Member Name** and **Password** in the **Existing Member Login** box.
Use the Member Name and Password you created during the account activation process
3. Click "**Login.**"
Begin using your CoreCourseGPA.com account!

The CoreCourseGPA.com incorporates NCAA recognized core courses for Saint Xavier High School into the online course entry forms, calculates BOTH Division I and Division II core course GPA, automatically factors weighted grades into calculations and tracks course requirements for BOTH Division I and Division II. Your son's core course information is saved for the duration of his high school career.

Saint Xavier High School is proud to make this innovative software available to you free of charge. We believe the CoreCourseGPA.com will be a very useful academic tool for you and your student-athlete.

Sincerely,



Alan Donhoff
Athletic Director



NCAA FRESHMAN-ELIGIBILITY STANDARDS QUICK REFERENCE SHEET

KNOW THE RULES:

Core Courses

- **NCAA Division I requires 16 core courses as of August 1, 2008.** This rule applies to any student first entering any Division I college or university on or after August 1, 2008. See the chart below for the breakdown of this 16 core-course requirement.
- **NCAA Division II requires 14 core courses.** See the breakdown of core-course requirements below. Please note, Division II will require 16 core courses beginning August 1, 2013.

Test Scores

- **Division I** has a sliding scale for test score and grade-point average. The sliding scale for those requirements is shown on page two of this sheet.
- **Division II** has a minimum SAT score requirement of 820 or an ACT sum score of 68.
- The SAT score used for NCAA purposes includes **only** the critical reading and math sections. The writing section of the SAT is not used.
- The ACT score used for NCAA purposes is a **sum** of the four sections on the ACT: English, mathematics, reading and science.
- **All SAT and ACT scores must be reported directly to the NCAA Eligibility Center by the testing agency. Test scores that appear on transcripts will not be used. When registering for the SAT or ACT, use the Eligibility Center code of 9999 to make sure the score is reported to the Eligibility Center.**

Grade-Point Average

- Only core courses are used in the calculation of the grade-point average.
- **Be sure** to look at your high school's list of NCAA-approved core courses on the Eligibility Center's Web site to make certain that courses being taken have been approved as core courses. The Web site is www.ncaaclearinghouse.net.
- **Division I** grade-point-average requirements are listed on page two of this sheet.
- **The Division II** grade-point-average requirement is a minimum of 2.000.

DIVISION I 16 Core-Course Rule

16 Core Courses:

- 4 years of English.
- 3 years of mathematics (Algebra I or higher).
- 2 years of natural/physical science (1 year of lab if offered by high school).
- 1 year of additional English, mathematics or natural/physical science.
- 2 years of social science.
- 4 years of additional courses (from any area above, foreign language or nondoctrinal religion/philosophy).

DIVISION II 14 Core-Course Rule

14 Core Courses:

- 3 years of English.
- 2 years of mathematics (Algebra I or higher).
- 2 years of natural/physical science (1 year of lab if offered by high school).
- 2 years of additional English, mathematics or natural/physical science.
- 2 years of social science.
- 3 years of additional courses (from any area above, foreign language or nondoctrinal religion/philosophy).

PLEASE NOTE: Beginning August 1, 2013, students planning to attend an NCAA Division II institution will be required to complete 16 core courses.

OTHER IMPORTANT INFORMATION

- Division II has no sliding scale. The minimum core grade-point average is 2.000. The minimum SAT score is 820 (verbal and math sections only) and the minimum ACT sum score is 68.
- 14 core courses are currently required for Division II. However, beginning 2013, students will be required to complete 16 core courses.
- 16 core courses are required for Division I.
- The SAT combined score is based on the verbal and math sections only. The writing section will not be used.
- SAT and ACT scores must be reported directly to the Eligibility Center from the testing agency. Scores on transcripts will not be used.
- Students enrolling at an NCAA Division I or II institution for the first time need to also complete the amateurism questionnaire through the Eligibility Center Web site. Students need to request final amateurism certification prior to enrollment.

For more information regarding the rules, please go to www.ncaa.org. Click on "Academics and Athletes" then "Eligibility and Recruiting." Or visit the Eligibility Center Web site at www.ncaaclearinghouse.net.

Please call the NCAA Eligibility Center if you have questions:

Toll-free number: 877/262-1492.

NCAA DIVISION I SLIDING SCALE CORE GRADE-POINT AVERAGE/ TEST-SCORE New Core GPA / Test Score Index		
Core GPA	SAT Verbal and Math ONLY	ACT
3.550 & above	400	37
3.525	410	38
3.500	420	39
3.475	430	40
3.450	440	41
3.425	450	41
3.400	460	42
3.375	470	42
3.350	480	43
3.325	490	44
3.300	500	44
3.275	510	45
3.250	520	46
3.225	530	46
3.200	540	47
3.175	550	47
3.150	560	48
3.125	570	49
3.100	580	49
3.075	590	50
3.050	600	50
3.025	610	51
3.000	620	52
2.975	630	52
2.950	640	53
2.925	650	53
2.900	660	54
2.875	670	55
2.850	680	56
2.825	690	56
2.800	700	57
2.775	710	58
2.750	720	59
2.725	730	59
2.700	730	60
2.675	740-750	61
2.650	760	62
2.625	770	63
2.600	780	64
2.575	790	65
2.550	800	66
2.525	810	67
2.500	820	68
2.475	830	69
2.450	840-850	70
2.425	860	70
2.400	860	71
2.375	870	72
2.350	880	73
2.325	890	74
2.300	900	75
2.275	910	76
2.250	920	77
2.225	930	78
2.200	940	79
2.175	950	80
2.150	960	80
2.125	960	81
2.100	970	82
2.075	980	83
2.050	990	84
2.025	1000	85
2.000	1010	86