

# HELIAS CATHOLIC HIGH SCHOOL ATHLETICS

2011- 2012

PLEASE COMPLETE BOTH SIDES

NAME OF ATHLETE \_\_\_\_\_

Date of Birth \_\_\_\_\_ 19 \_\_\_\_ Year in School 9 10 11 12

## PERMISSION TO PARTICIPATE

My son/daughter, named above, has my permission to participate in the sport(s) of: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ during the 2011- 2012 school year at Helias Catholic High School and to travel with the team on the transportation provided or arranged by Helias Catholic High School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT PERSONS

Please list names of persons the coaching staff might attempt to contact in the event of an emergency involving your child. List phone numbers applicable during the times practices and contests in this sport are held.

Father \_\_\_\_\_ Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Athlete \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Athlete \_\_\_\_\_

## INDEMNIFICATION AND WAIVER & RELEASE

The undersigned athlete and the parent/guardian of the above named athlete acknowledges the inherent risks of participation in sports and associated travel and recognizes that injuries, some extremely serious even resulting in death, can and do occur as a result of such participation. Participants agree to engage in these activities at their own risk and release and discharge Helias Catholic High School from any and all claims of negligence by the school and its employees. The undersigned agrees to save, indemnify, and keep harmless Helias Catholic High School, the Helias Catholic School Board and its personnel including volunteers, and the Diocese of Jefferson City against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in Helias Catholic High School athletics.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHYSICAL READINESS AND TREATMENT AUTHORIZATION

The undersigned athlete and the parent/guardian of the above named athlete certify that the athlete is free from communicable diseases and fit for full and vigorous participation in sports. Further, the undersigned grant consent for representatives of Helias Catholic High School to seek medical attention and for all medical care as prescribed by a duly licensed physician administered under any and all conditions as necessary to preserve the life, limb, or well-being of the athlete.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## RECOGNIZED MEDICAL CONDITIONS

Does your child have any medical conditions about which the coaching staff should be informed? (allergies, asthma, cardiovascular deficiency, etc.? Is he/she allergic to any medications? Is he/she using any medications which may affect performance?)

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**OVER**

## **ELIGIBILITY PROTECTION**

This certifies that I/ my son/daughter have been provided a copy of the MSHSAA pamphlet entitled "HOW TO MAINTAIN AND PROTECT YOUR HIGH SCHOOL ELIGIBILITY" and we have been instructed to contact the Helias Catholic High School Athletic Director with questions pertaining to eligibility.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **MEDICAL INSURANCE**

MSHSAA requires that you have medical insurance in order for you/your child to be eligible to participate in MSHSAA programs.

Do you/does your child have medical insurance coverage sufficient to provide protection for the types of injuries that may occur in this sport?      YES      NO

**If no, see that Athletic Director immediately.**

If yes, please name the insurance carrier: \_\_\_\_\_

Is there any other insurance information we may need to assure that your child will be treated in your absence (policy number, gatekeeper physician, physician phone number, etc.)? \_\_\_\_\_

\_\_\_\_\_

## **CITIZENSHIP UNDERSTANDING**

I understand that if I/my son/daughter encounters a problem with the law, I must contact the Athletic Director by the end of the next school day to inform him of this situation. I further understand that failure to do so could result in me/my son/daughter being declared ineligible for the remainder of the sports season as it could result in the participation of an ineligible player thereby creating a scenario in which games could be forfeited. I understand that MSHSAA citizenship rules prohibit participation by any student/athlete who has a pending problem with the law until the court ordered sentence has been completed. I also understand that if a student misses class without being excused by the principal, he/she is ineligible until he/she attends a full day of class.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **AGREEMENT TO COMPLY**

I have read, understand, and agree to comply with the Helias Catholic High School Athletic Rules and Regulations for the 2011 - 2012 school year. I am aware that the regulations relating to alcohol, drug and tobacco use are applicable year round, whether my son/daughter is in-season at the time of the offense or not. I am also aware that violation of Helias Catholic and diocesan policy regarding the misuse of technology may result in disciplinary consequences relative to athletic participation. I / My child and I agree to comply with these rules and to accept the penalties for violation should that occur.

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

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

## **STUDENT ATHLETE RELEASE OF INFORMATION**

I hereby authorize the Athletic Trainers/Physicians to release information regarding the health status of myself (over 18 years old) or my son/daughter to his/her coach as it relates to their ability to participate in the care of their injuries/illnesses. This release will be in effect for the 2011-2012 school year or until August, 2012, unless notified in writing to change release information.

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

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

## **PARENT(S) E-MAIL ADDRESS**

When the Helias Catholic athletic department has cancellations, reschedulings, important event dates and times, etc. we would like to be able to quickly and easily communicate with you. We would like to have a sport-by-sport e-mail distribution list. Obviously this could also come in handy for communications from the coaches and the Athletic Booster reps for your sport(s). Please complete the following if you are interested in being included:

Sport(s):      Boys      Girls      1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Father: \_\_\_\_\_ e-mail address \_\_\_\_\_

Mother: \_\_\_\_\_ e-mail address \_\_\_\_\_

