



**St. Mary Catholic High School
Co-Curricular Permission Form**

Student Name: _____ **Year of Graduation:** _____

Address: _____ **City:** _____ **Zip Code:** _____

DOB: _____ **Telephone #:** _____

Health Insurance Carrier: _____ **Policy Number:** _____

PERMISSION TO PARTICIAPTE

I hereby request and give my permission for the above-named student to practice, compete, and represent St. Mary Catholic in WIAA regulated interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician or advanced practice nurse prescriber.

RESPONSIBILITY TO RETURN ALL SCHOOL-ISSUED UNIFORMS/EQUIPMENT

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to him/her. I understand that my son/daughter is responsible for any uniform or equipment that is assigned specifically to him/her, and agree to reimburse the school the actual replacement value of the uniforms/equipment in the event that they are lost or stolen. I understand that failure to reimburse the school in a timely fashion could affect my son/daughter's athletic eligibility.

PERMISSION FOR EMERGENCY MEDICAL CARE AND CONVEYANCE

I further request and grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the athletic trainer, the team physician or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur of such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that St. Mary Catholic High School will assume no liability for the cost of said conveyance or treatment.

INFORMED CONSENT

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

INSURANCE WAIVER

I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

WIAA PARENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF FORM

I certify that I have read, understand, and agree to abide by all of the information contained in this bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

CO-CURRICULAR CODE OF CONDUCT SIGN-OFF FORM

I certify that I have read, understand, and agree to abide by all of the information contained in the St. Mary Catholic High School Co-Curricular Code of Conduct. I further certify that if I have not understood any information contained in this handbook, I have sought and received an explanation of the information prior to signing this statement.

- SMC Co-Curricular activities shall be an *integral part of the total high school education program* and will provide *experiences* not otherwise provided in the academic curriculum.
- A student *must be enrolled as a full-time student at St. Mary Catholic High School in order to participate* in Co-Curricular activities. The eligibility rules and guidelines of the WIAA or any other organization having jurisdiction will apply.
- *Participation* in co-curricular activities is a *privilege* for each participant and *demands accompanying responsibilities*.

ATHLETIC TRANSPORTATION POLICY

All students must travel to and from contests, whether in town or out of town, in a vehicle supervised by their coach, advisor, or a designated chaperone. "To and from" is defined as travel from St. Mary Catholic High School to the opponent's school site and back. Participants may return HOME from an away contest with parents/guardians providing **prior** approval has been obtained from the Athletic Director and the appropriate waiver form has been signed.

If an **EMERGENCY** occurs when a participant is away from St. Mary Catholic High School, the coach/advisor is empowered to have the parent/guardian sign and submit a waiver to the coach **PRIOR** to the parent/guardian leaving with the participant. In such cases, the coach/advisor is responsible for ensuring that the athlete leaves the contest with his/her parent/guardian.

If parents/guardians provide transportation home from interscholastic athletic/EC events, or allow their son/daughter to provide transportation to or from practice, the following policies are in effect:

- Where parents/guardians provide transportation for their son/daughter home from a scheduled event, the parents/guardians shall assume all resulting liability, and the school shall assume no liability.
- Where a student transports himself/herself to or from a practice, the parents/guardians of that student shall assume all resulting liability, and the school shall assume no liability.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(Release of this information is optional)

Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated there under (collectively known as "HIPAA"), I authorize health care providers of:

NAME: _____, **DATE OF BIRTH:** _____,

to disclose medical information regarding the injury and treatment of named individual to the following representatives of St. Mary Catholic High School: Activities Director, Athletic Trainer, Team Physician, and Team Coach/Advisor for the purposes of treatment, emergency care and injury record keeping.

Medical Information, in this context, pertains only to patient health care records regarding a specific injury and the treatment thereof. The request for medical information includes all patient health care records regarding the care, evaluation, referral or treatment including, but not limited to, any and all records, reports, correspondence, radiographic films pertaining to the care and treatment of an injury sustained by the above-named student-athlete on _____. (SCHOOL WILL INSERT DATE OF INJURY) This includes all portions of my medical records which my physicians, or other health care providers, or I have specifically designated as "confidential".

SIGNATURE

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and in the Co-Curricular Code of Conduct, that if I have not understood any information, I have sought and received an explanation, and am fully aware that I am requesting and granting permission for the above named student to participate in the St. Mary Catholic High School Co-Curricular Program.

Parent/Guardian Signature	Date	Student-Athlete Signature	Date
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