

## **2017-18 CONSENT FORM FOR ATHLETIC PARTICIPATION**

*PLEASE NOTE THAT THIS FORM IS TWO SIDED AND THAT IT MUST BE COMPLETED IN FULL BEFORE PARTICIPATING.*

This form is required for all students participating in Notre Dame's interscholastic sports programs. This form must be on file in the athletic office prior to taking part in any conditioning, practice or game.

I give my permission for my son or daughter to participate in the high school athletic program, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, the use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

I agree to comply with all of the rules and regulations of Notre Dame Catholic High School and the Connecticut Interscholastic Athletic Conference (CIAC) regarding eligibility including those specified in the Student-Athlete Handbook and School Handbook governing the use of prohibited substances, in particular alcohol, drugs, tobacco and performance enhancing products. Student-athletes found to be in violation of school and/or CIAC rules may face suspension or dismissal from sports activities.

- I acknowledge that I have read, understand and agree to the conditions of participation in the Notre Dame Athletic Program.
- I understand that my son or daughter's first responsibility to Notre Dame is as a student and I will encourage them during their athletic season to give their academic work the time it needs and deserves.
- I realize that Notre Dame has non-duplicating insurance and that for any injury my son or daughter might sustain in athletics, I must first make a claim against my own insurance. I realize that the school's insurance will pick up where my insurance leaves off.
- I understand and will adhere to the Notre Dame Athletic Department Communication Policy.
- I realize that individual coaches have regulations for their teams and I agree to abide by those regulations for all athletics found in or governed by the Student-Athlete Handbook, CIAC and with any other organization Notre Dame is affiliated.
- I understand that parents are not to be in the locker rooms or on the field/court during practices or games. Parental conduct at athletic contests is always to be appropriate and in keeping with the values of the Notre Dame community.
- I hereby give permission for my son or daughter to receive medical treatment in case of injury and/or emergency.
- I understand that all student-athletes and parents are responsible for understanding and following all rules contained in the Student-Athlete Handbook.
- I have read and understand the "Student/Parent-Concussion Plan & Consent Form" contained in the Student-Athlete Handbook and understand the severities associated with concussions and the need for immediate treatment for such injuries.
- I have read and understand the "Student & Parent-Sudden Cardiac Arrest Plan & Consent Form" contained in the Student-Athlete Handbook and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.
- I understand that all student-athletes must ride the team bus to all road contests and scrimmages, unless prior approval is given by the Athletic Director. Parents may transport their own son or daughter home from away contests, with the approval of the coach. Parents may not transport other students at any time. I agree to release the school from all liability for any accidents that may occur. Student-athletes may never drive themselves to or home from an away contest without prior approval from the Athletic Director.

**(OVER)**

Student's Name/Signature: \_\_\_\_\_

Student Signature \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Parents/Guardians Signature \_\_\_\_\_

Phone number in case of emergency: \_\_\_\_\_

Please check the line if the student-athlete has no insurance coverage: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_