

EMERGENCY MEDICAL AUTHORIZATION: I hereby authorize and consent to any medical or surgical care rendered under the provisions of the Medicine and Dental Practice Acts and by the staff of any licensed facility or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I understand that every effort will be made to contact me prior to rendering treatment to my child, but that treatment will not be withheld if I cannot be reached.

I also hereby authorized the Teachers and Staff of Bishop Garcia Diego High School, Inc., including Coaches and Athletic Trainers, to render any preventative, first aid, rehabilitative, or emergency treatment that they deem reasonably necessary to my child's health and well being.

Parent/Guardian Signature:

_____ Date: _____

RELEASE OF INFORMATION: I understand that the Athletic Trainer at Bishop Garcia Diego High School Inc., may discuss my child's medical information for the purpose of treatment with the team doctor, my child's family practitioner, or other medical personnel. I also understand that coaches will be informed of all past and present medical information that is pertinent to my child's health and safety.

Parent/Guardian Signature:

_____ Date: _____

MEDICATIONS: I permit my child to carry the above listed inhaler/medication as ordered by his/her physician. I understand that sharing medication with other students is a serious violation of the school's rules, and that such use may result in his/her expulsion from the school. I further understand that failure to disclose to school personnel my child's possession of any medication or drug at school is a serious violation of the school's policies.

Parent/Guardian Signature:

_____ Date: _____

HELMET LIABILITY RELEASE: I, the undersigned, fully understand that there are risks involved in my participation on the Bishop Garcia Diego High School, Inc., football team. Furthermore, I verify that I have been warned concerning the risks of head and /or neck and spinal cord-injury that may occur as a result of physical contact while wearing a football helmet during football practice or games. I have received proper instruction in the care and fitting of my football helmet and other protective equipment and understand my responsibility in the proper fitting, maintenance, and safety concerns of football equipment. I also understand that my disregard of proper technique and/or failure to comply with the rules can increase my risk of injury. If at any time I have any questions or concerns regarding the fit or safety of my football equipment, especially the helmet, I understand that it is my responsibility to bring those concerns and questions to my coach and/or ATC.

The undersigned does further agree to indemnify and hold harmless Bishop Garcia Diego High School, Inc., and its employees or agents from any and all claims or demands for loss, cost, injury, or damage whatsoever arising from their negligence, especially for injury resulting from improper use of the helmet such as butting, ramming, or spearing another player and failure to follow safety instructions that he/she has received.

Printed name of athlete

Athlete's Signature

Date

Printed name of parent/guardian

Parent/Guardian Signature

Date

FIELD TRIPS AND SPECIAL EVENTS: I hereby give permission for my child to attend **ALL** field trips, social events, athletic events, and other excursions of Bishop Garcia Diego High School, Inc., which may be taken or arranged during this School year. I understand that transportation will be by School arrangement and/or parents' vehicles. I also understand that the School will take reasonable precautions to insure the safety and welfare of my child, but that neither the School nor its teachers assume responsibility for accidents. This permit will remain in effect unless I notify the Principal in writing of any changes.

Parent/Guardian Signature: _____

Date: _____

BODY PIERCING RELEASE: I hereby agree not to file any claims or lawsuits against Bishop Garcia Diego High School, Inc., on account of injuries to myself or others that were caused by or made more serious by my body piercing(s) and/or body piercing jewelry. By signing below, I acknowledge that I have read and understood the team rules that apply to my particular sport. I know and understand which things I am expected to remove before practices and competitions. I also understand that the athletics staff of Bishop Garcia Diego High School, Inc., strongly recommends that I remove all body piercing jewelry during every practice and every competition whether or not team rules require it. I take full responsibility for my body piercing and all body piercing jewelry that I wear, and I also take full responsibility for any injuries or other problems that might occur to me or others as a result of them. I have read this carefully and I understand what it means.

Printed name of athlete

Athlete's Signature

Date

Printed name of parent/guardian

Parent/Guardian Signature

Date

ASSUMPTION OF RISK: Participation in sports requires an acceptance of risk for injury. Your decision to participate in athletics indicates your acceptance of this risk. In order to minimize this risk as a participant, you must be aware of and abide by certain procedures, safety rules, and guidelines. Any improper use or abuse of your equipment could result serious head and neck injuries, paralysis, internal injury, or death to you, a teammate, or an opponent. Athletes rightfully assume that those responsibilities for the conduct of sports will not intentionally inflict injury upon them, but acknowledge that unintentional injuries can happen while participating in or training for athletic events. The responsibility for sport safety must be shared by all involved, and compliance with rules means respect on everyone's part for the intent, spirit, and purpose of the rules and guidelines. **I assume all risks associated with participation and agree to hold the Bishop Garcia Diego High School, Inc., and its employees harmless from any and all liability and claims whatsoever which may arise as a result from participation in sports.**

Parent/Guardian Signature _____ Date _____

Athlete's Signature _____ Date _____

ATHLETES CODE OF ETHICS: As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials, and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper judgment of game officials.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
7. Adhere to the established rule and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and nonprescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

Parent/Guardian Signature _____ Date _____

Athlete's Signature _____ Date _____

Printed name of athlete _____

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