



## Signature Sheet

By signing, you are acknowledging that you have read all materials in the Athletic Packet.

### Notice of Disclosure

I hereby consent to the disclosure of scholastic, financial (athletic or otherwise), and attendance records of the school, including those records which may concern or relate to my child.

### Athletic Code of Conduct

I have read the Athletic Code of Conduct. I understand the rules and standards of conduct, and acknowledge an awareness of the consequences for misconduct.

### Concussion and Cardiac Arrest

As a student athlete, I have received and read both the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

I, as the parent or legal guardian, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

### Medical Consent

- Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the Student-Athlete. In the event of a serious illness, the need for major surgery, or significant accidental injury, it is understood that an attempt will be made by the attending physician to make contact with the parent/guardian in the most expeditious way possible. If said physician is not able to communicate with the parent/guardian, the treatment necessary for the best interest of the student athlete may be given.
- In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.



### Transport Home Request

Pursuant to Marian High School's Athletic Travel Policy, I understand that when requesting to transport my son/daughter/student home from the extra-curricular activity they participate in, it is my responsibility to communicate with the coach directly, in person, at the event.

- If a contest is held in or near a city or town where the student athlete resides and time is of the essence for the student due to homework, other school-related commitments or in case of an emergency, the parent or guardian may take the student home as long as the parent has made direct, in person contact with the coach at the event.
- Further, I understand that under no circumstances are students allowed to transport themselves or other students home from an extra-curricular or co-curricular event.

### PHONE NUMBERS WHERE PARENTS/GUARDIANS CAN BE REACHED

The Athlete lives with --- Both Parents \_\_\_\_; Mother \_\_\_\_; Father \_\_\_\_; Guardian \_\_\_\_

Mother's Cell \_\_\_\_\_ Mother's Work \_\_\_\_\_

Father's Cell \_\_\_\_\_ Father's Work \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

### Family Medical Information

Name of Family Physician \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any known allergies \_\_\_\_\_

### Parent/Guardian

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

### Student Athlete

Print Name \_\_\_\_\_ Signature \_\_\_\_\_