



Athletic Permission & Emergency Form 2017-2018

(one form per athlete)

Participant Name _____ Grade: _____

In case of emergency contact information:

First Contact Name	Relationship
First Number to Call	Second Number to Call
Second Contact Name	Relationship
First Number to Call	Second Number to Call

Allergies	Chronic Medical Conditions
-----------	----------------------------

All students participating in student athletic activities must have their own medical coverage.

Insurance Company	Insurance Phone	Hospital Preference
Policy Holder		Policy Group Number

Wavier of Liability

Initial each paragraph

____ We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff/volunteer coaches of Blessed Sacrament School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge Blessed Sacrament School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while in transit to and from games/practices.

____ I understand that my child is participating in the P.E.C.S.A.A. league and that my child's picture could be used on the P.E.C.S.A.A. website

____ My child has permission to ride or walk with the Athletic Director or Coach of the sport they are participating in, afterschool to practice and games. (This permission does not cover riding with another parent, a note must be sent to school in these instances)

Signature of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____



Student Code of Conduct Agreement 2017-2018

The purpose of the following Student Athlete Code of Conduct is to help define appropriate actions and behaviors that support the mission of the athletic program. All participating student athletes should read, understand, and sign this form prior to participation. Any student athlete who does not follow the guidelines below may be suspended or expelled from the athletic program.

As a student-athlete, I therefore agree to the following:

I will play the game for the game's sake.

I will be generous in winning and graceful in losing.

I will display good sportsmanship and respect towards all opponents.

I will work for the good of the team.

I will accept the decisions of the officials gracefully.

I will conduct myself at all times with honor and dignity. This includes during and after school, games, practices, and trips to other schools and facilities.

I will recognize, applaud, and encourage the efforts of my teammates and opponents.

I will show respect for my coaches.

I will show respect towards fans and personnel from other schools.

Athlete Signature

Date

(one form per athlete)