

**ST. VINCENT FERRER HIGH SSSHOOL
ATHLETIC CONSENT FORM
2019-2020**

Student's Name _____ D.O.B _____

Address _____ Grade/Homeroom _____

Check ALL sports team(s) or athletic club(s) that you plan to try-out or participate in for THIS YEAR:

- | | | | | |
|-------------------------------------|---------------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Dance | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track | <input type="checkbox"/> _____
(OTHER) |

PARENTAL CONSENT

I, _____, hereby give my consent for my daughter, _____,
(Print Parent's Name) (Print Student's Name)

to participate on the _____ sponsored by St. Vincent Ferrer High School.
List ALL Athletic Club(s)/Sports Team(s)

I understand that interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self worth, cooperative effort, and ethical decision making.

While the coaching staff and other responsible school officials will do everything within reason to protect my child against injury, including the provision for appropriate equipment, safe facilities and training designed to reduce the impact of accidents, I understand that injuries may occur and on a very rare occasion may be serious and disabling.

I am also aware that athletic participation will involve travel and that all travel involves some risk of serious injury.

I understand my daughter is required to attend all team practices and contests. I am aware that school equipment is issued to my child for participation. The equipment is my child's responsibility and must be returned promptly upon request. I am also aware that reimbursement will be expected for loss or destruction beyond ordinary wear and tear.

All uniforms are the property of the school and must be returned within two weeks of the season's end. Failure to do so will result in the cost of the uniform to be added to your child's tuition statement.

My child has agreed to abide by the guidelines set by the Athletic Department. I also understand that it is necessary for my child to have an approved medical certificate for school competition on file in The School before trying out, practicing, or competing in interscholastic athletic activities. I understand that in the event that my child becomes sick, or receive an injury during athletic participation, all reasonable efforts will be made to contact me and obtain any required consents for medical care. In situations where I cannot be contacted for specific consent to treatment, and such delay creates risk to my child's life or health, I hereby authorize the school representatives to obtain appropriate medical care and treatment for my child including temporary pain relief to the extent deemed medically appropriate by the treating physician. I also authorize the school representatives to receive, and to release, medical information regarding my daughter to the extent necessary for medical care. I also agree to inform The School of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

PARENT'S SIGNATURE _____

DATE _____

ATHLETE'S SIGNATURE _____

DATE _____

2019-2020 SPORT'S CANDIDATE QUESTIONNAIRE

Name _____

D.O.B _____

Grade/Homeroom _____

Sport(s) _____

Prior to the start of participation, a health history review must be completed unless the athlete has received a full medical examination within the past thirty (30) days.

HISTORY SINCE LAST MEDICAL EXAM

Answer Yes or No

1. Any injuries requiring medical attention? _____
2. Any illness lasting more than five (5) days? _____
3. Taking any medicine or under physician's care at this time? _____
4. Any feeling of faintness, dizziness or fatigue after heavy exertion? _____
5. Any breathing difficulties, such as asthma? _____
6. A surgical operation or fracture? _____
7. Treated in a hospital or Emergency Room? _____
8. Any known allergies? (Please be specific: Bee stings, etc.) _____
9. Any chronic disease? _____
10. Any visual or auditory difficulties? _____
11. Wears a partial mouth plate or braces? _____
12. Any heart condition, such as heart murmur, high blood pressure, heart abnormality, etc.? _____
13. Any previous head injuries/concussions? _____
14. Any reason why this person cannot participate in any sport? _____

If yes to any of the above, describe _____

ACKNOWLEDGEMENT FORM

I, _____, understand clearly that the questions are asked
(Print Parent's Name)

in order to decide if my daughter, _____, is in a proper condition to
(Print Student's Name)

participate in the athletic activities named at the top of this form. The answers are correct as of the date this form is signed. All answers will be kept confidentially in the school Physical Education Office.

PARENT'S SIGNATURE _____

DATE _____

ATHLETE'S SIGNATURE _____

DATE _____

<p><u>NOTE: "YES" ANSWERS TO ANY OF THESE QUESTIONS DOES NOT MEAN AUTOMATIC DISQUALIFICATION FROM THE ATHLETIC ACTIVITY INDICATED.</u></p>

**ST. VINCENT FERRER HIGH SCHOOL
2019-2020**

MEDICAL CERTIFICATE FOR INTERSCHOLASTIC COMPETITION

No student may participate in a sport, athletic club or team until the Physical Education/Athletic Department has received this completed form.

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I, _____, hereby acknowledge that I may not be available to provide
(Print Parent's Name)
a consent for medical treatment in the event that my daughter, _____,
(Print Student's Name)

becomes sick or is injured during the athletic participation authorized below.

In the event that I am not able to give such consent, it is my desire to have the best available medical treatment for my child.

I hereby authorize representatives of St. Vincent Ferrer High School to act on my behalf with respect to any required medical treatment decisions and consents, until such time as I am able to provide these.

Any qualified medical personnel are hereby notified that this authorization is currently in effect and such personnel are directed to act upon such authorization without delay. I understand that every effort will be made to contact parents, the child's physician and/or the emergency number given by me on this form.

Name of Student _____ Grade/Homeroom _____

List **ALL** Sports Team(s)/Athletic Club(s) _____

D.O.B. _____

Home Phone () _____

Parent's Cell Phone () _____ Mother or Father (Circle One)

Parent 1 Office Phone: () _____ Mother or Father (Circle One)

Parent 2 Office Phone: () _____ Mother or Father (Circle One)

Person to notify if unable to reach parents: _____

Relationship to Student _____

Home Phone () _____ Cell Phone () _____

Physician _____ Phone () _____

Hospital of Choice (name & address) _____

Permission to take student to alternate hospital if necessary: Yes _____ No _____

Signature of Parent or Guardian _____ Date _____

**St. Vincent Ferrer High School
Department of Athletics
2019-2020**

Travel and Dismissal Permission Form for Students

Dear Parent,

This is to advise you that all athletic participation will include travel by public transportation, buses and subways to games. Please read, sign and have your daughter return it to the school as soon as possible.

Ms. Gina Loayza
Director of Athletics

PARENTAL CONSENT

I, _____, hereby give my consent for my daughter,
(Print Parent's Name)

_____, to be dismissed directly from practices and
(Print Student's Name)

games at various sites. I understand that she may be leaving these sites alone or with friends and unaccompanied by an adult.

PARENT'S SIGNATURE _____

DATE _____

ATHLETE'S SIGNATURE _____

DATE _____