VJ & Angela Skutt Catholic HS ~ Parent Consent & Physical Clearance

School Year: 20___-20___ Member School: _____

Name of Student: _____

Date of Birth: _____ **Place of Birth:** _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:
(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

_____ _____ **DATE** _____

Name of Student [Print Name] **Student Signature**

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

[insert student name]

Baseball	Golf	Tennis	Play Production	Journalism
Basketball	Swimming	Track	Speech	
Cross County	Soccer	Volleyball	Music	
Football	Softball	Wrestling	Debate	

_____ _____ **DATE** _____

Parent/Guardian (Print Name) **Parent/Guardian (Signature)**

SCHS ATHLETIC PHYSICAL EVALUATION CLEARANCE FORM

Grade in fall _____ **School Year 20____- 20 ___**

Name _____ **Sex** _____ **Age** _____ **Date of Birth**_____

☐ **Cleared without restriction**

☐ **Cleared, with recommendations for further evaluation or treatment for:**

_____

_____

_____

☐ **Not cleared for** ☐ **All sports** ☐ **Certain sports** **Reason:** _____

Recommendations: _____

_____

EMERGENCY INFORMATION **Allergies** _____

Other Information _____

Name of Physician (PRINT/TYPE) _____ **Date:** _____

Address _____ **Phone:** _____

Signature of Physician _____ **MD or DO**