

# HELIAS HIGH SCHOOL ATHLETICS

2008- 2009

PLEASE COMPLETE BOTH SIDES

NAME OF ATHLETE \_\_\_\_\_

Date of Birth \_\_\_\_\_ 19 \_\_\_\_ Year in School 9 10 11 12

## PERMISSION TO PARTICIPATE

My son/daughter, named above, has my permission to participate in the sport(s) of: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ during the 2008- 2009 school year at Helias High School and to travel with the team on the transportation provided or arranged by Helias High School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT PERSONS

Please list names of persons the coaching staff might attempt to contact in the event of an emergency involving your child. List phone numbers applicable during the times practices and contests in this sport are held.

Father _____	Phone _____	
Mother _____	Phone _____	
Name _____	Phone _____	Relation to Athlete _____
Name _____	Phone _____	Relation to Athlete _____
Name _____	Phone _____	Relation to Athlete _____

## INDEMNIFICATION

The undersigned parent/guardian of the above named athlete acknowledges the inherent risks of participation in sports and associated travel and recognizes that injuries, some extremely serious even resulting in death, can and do occur as a result of such participation. Further, the undersigned agrees to save, indemnify, and keep harmless Helias High School, the Helias School Board and its personnel including volunteers, and the Diocese of Jefferson City against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in Helias High School athletics.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## TREATMENT AUTHORIZATION

The undersigned parent/guardian certifies that the above named athlete is free from communicable diseases and fit for full and vigorous participation in sports. Further, the undersigned grants consent for representatives of Helias High School to seek medical attention and for all medical care as prescribed by a duly licensed physician administered under any and all conditions as necessary to preserve the life, limb, or well-being of the athlete.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## RECOGNIZED MEDICAL CONDITIONS

Does your child have any medical conditions about which the coaching staff should be informed? (allergies, asthma, cardiovascular deficiency, etc.? Is he/she allergic to any medications? Is he/she using any medications which may affect performance?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ELIGIBILITY PROTECTION

This certifies that my son/daughter has been provided a copy of the MSHSAA pamphlet entitled "HOW TO MAINTAIN AND PROTECT YOUR HIGH SCHOOL ELIGIBILITY" and we have been instructed to contact the Helias High School Athletic Director with questions pertaining to eligibility.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

OVER

**MEDICAL INSURANCE**

Do you/does your child have medical insurance coverage sufficient to provide protection for the types of injuries that may occur in this sport?        YES                NO

If yes, please name the insurance carrier: \_\_\_\_\_

Is there any other insurance information we may need to assure that your child will be treated in your absence (policy number, gatekeeper physician, physician phone number, etc.)? \_\_\_\_\_

**ON-STREET RUNNING PERMISSION**

I understand that athletes in many Helias sports are frequently asked to participate in on-street distance running for conditioning purposes and recognize the inherent dangers of vehicular traffic which are beyond the control of Helias High School or the coaches of the particular sport. I understand that my child will be reminded of the safety precautions necessary to reduce the risk of injury but acknowledge that serious injury or death could occur as a result of participation in on-street running. My signature below grants permission for my child to participate in on-street workouts. I realize that if I choose not to grant this permission by not signing below, my son/daughter will be permitted to workout on campus and this will not negatively affect his/her status as a member of the team.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITIZENSHIP UNDERSTANDING**

I understand that if my son/daughter encounters a problem with the law, I must contact the Dean of Students by the end of the next school day to inform him of this situation. I further understand that failure to do so could result in my son/daughter being declared ineligible for the remainder of the sports season as it could result in the participation of an ineligible player thereby creating a scenario in which games could be forfeited. I understand that MSHSAA citizenship rules prohibit participation by any student/athlete who has a pending problem with the law until the court ordered sentence has been completed. I also understand that if a student misses class without being excused by the principal, he/she is ineligible until he/she attends a full day of class.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENT TO COMPLY**

I have read, understand, and agree to comply with the Helias High School Athletic Rules and Regulations for the 2008 - 2009 school year. I am aware that the regulations relating to alcohol, drug and tobacco use are applicable year round, whether my son/daughter is in-season at the time of the offense or not. I / My child and I agree to comply with these rules and to accept the penalties for violation should that occur.

Signature of Athlete \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT ATHLETE RELEASE OF INFORMATION**

I hereby authorize the Athletic Trainers/Physicians to release information regarding the health status of myself (over 18 years old) or my son/daughter to his/her coach as it relates to their ability to participate in the care of their injuries/illnesses. This release will be in effect for the 2008-2009 school year or until August, 2009, unless notified in writing to change release information.

Signature of Athlete if 18 years of age \_\_\_\_\_ or

Signature of Parent (under 18) \_\_\_\_\_ Date \_\_\_\_\_

**INTERNET PERMISSION**

For your protection and privacy, we ask your permission to use your son's/daughter's picture on the Helias web site. These pictures will include athletes involved in Helias sporting events. It may also include your child's name as a part of a photo caption, team roster, and/or team photo. Please check and sign below:

\_\_\_\_\_ I give permission to use my son's/daughter's picture on the Internet with the possibility of his/her name being used.

OR

\_\_\_\_\_ Do not use my son's/daughter's picture on the Internet.

This permission will remain in effect until the end of the school year or until written notice is provide reversing this decision.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

