

St. Paul's Athletics Forms



INFORMED CONSENT

AWARENESS OF SPORTS INJURY RISK WARNING AND AGREEMENT

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated.

By granting permission for your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing, or practicing to play, include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

Release and Affirmation: *We hereby affirm that we are aware of the inherent risks and hazards of interscholastic athletics and by signing this release certify that we are cognizant of those risks. We understand and agree that neither St. Paul's Lutheran Church/School nor any of its employees and agents may be held liable in any way for any occurrence, including rescue operations, in connection with athletics that may result in injury, death, or risks in connection with related activities related thereto for any harm, injury, or damage which may befall me and further to save and hold harmless the Church, School, and all persons associated therewith from any claims by us, or our families, estates, heirs, or assigns out of enrollment and participation in athletics.*

This is to be signed by the student and his/her legal parents/guardian with their consent. We understand that the terms herein are contractual and not mere recital, and that this has been signed freely and voluntarily. It is the intent of the signers hereto to exempt and release St. Paul's Lutheran Church/School and all of its agents and derivative damage caused by anyone's act, error, omission or negligence.

We have fully informed ourselves of the contents of this Release and Affirmation by reading and understanding it before we signed it.

Athlete's Name (Please Print) _____ **Grade** _____

Athlete's Signature _____ **Date** _____

Parent/Guardian's Signature _____ **Date** _____

Medical Treatment and Student Insurance Statement

Student _____ Birth date _____ Grade _____

During school hours and all school events and activities, including all athletic events, first aid shall be administered to an injured student by a representative of the school unless a physician or emergency medical personnel are present; in the latter case, the physician or emergency medical personnel will render first aid.

If any injury occurs to a student at school during school hours or any school sponsored event or activity, and the injury appears to be serious, the injured student will be conveyed to a doctor, hospital, or clinic for treatment (**if possible**, to the doctor or hospital preferred by the parent/guardian). If the injury occurs off school premises at a school event or activity, and the injury appears to be serious, medical treatment will be provided as is reasonable available. If the injury appears serious, the injured student will be conveyed to a doctor, hospital, or clinic for treatment (**if possible**, to the doctor or hospital preferred by the parent/guardian).

Transportation to a medical facility, if required, will be determined by the coach, athletic director, or parents/guardians.

The parent of a student who incurs an injury which requires more than first aid will be notified as soon as practicable after the injury occurs. In an emergency situation, this notification may not occur until after the student has been conveyed to the appropriate doctor, hospital, or clinic for treatment.

We understand that St. Paul's does not carry any medical expenses insurance for the benefit of any student who may be injured at school or while participating in a school sponsored event or activity, including athletic events, and that St. Paul's nor its coaches assumes any responsibility for such expense.

We have read and understand the procedure described above for the treatment of a student who may be injured at any school event or activity. We consent to having our son/daughter participate in all school activities and events, including athletic events, involving St. Paul's under these conditions and authorize medication treatment of injuries incurred by our child according to the procedure described above.

Parent/Guardian Signature

Date

ATHLETIC TRANSPORTATION POLICY

St. Paul's Transportation Policy states that **anyone who transports children to and from athletic events/practices must have a valid driver's license, up-to-date insurance, and a current AVDIRF form on file in the school office.** Each passenger must wear their own seat belt.

For anyone who provides transportation to these events, they must be aware of the following:

- Where parents/guardians provide transportation for their son/daughter to or from an event, the parents/guardians shall assume all resulting liability, and the church/school shall assume no liability.
- Where anyone transports students other than their own to or from an event, the person shall assume all resulting liability, and the church/school shall assume no liability.

TRANSPORTATION LIABILITY WAIVER

I have read the Athletic Transportation Policy and agree that I shall assume all liability for negligently caused injuries resulting from the following situations:

- *Where I transport my son/daughter to or from an event;*
- *Where I transport other students to or from an event;*

I also agree that St. Paul's shall assume no liability whatsoever for injuries resulting from the above situations or any other situation where transportation is being used to transport athletes.

Signature

Date

Concussion Acknowledgement Form



ST. PAUL'S LUTHERAN SCHOOL



As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____