

Kapaun Mt. Carmel Catholic High School

2019-2020

Parental Consent Form for Athletics and Spirit Squads

(A copy of the KSHSAA physical examination form and this document must be turned in to the coach/sponsor before the student/athlete's first practice of the school year.)

STUDENT: _____

CLASS: Fr So Jr Sr
(Circle One)

BIRTH DATE: _____

GENDER: Female Male
(Circle One)

1. Parent/Guardian Consent: I hereby give consent for my son/daughter listed above to compete in KSHSAA approved activities as a representative of Kapaun Mt. Carmel Catholic High School under the supervision of school employees or designated other adults. I agree that my child as a representative of Kapaun Mt. Carmel Catholic High School will be responsible for proper behavior as indicated in student handbooks, other school publications, and coaches' rules and regulations. I agree to arrange for transportation of my student to events within the Wichita area. I understand that KMC will make every effort to provide school transportation to events outside the Wichita area, but there may be occasions when students might have to be transported by their own parents or other KMC parents or responsible adults. I release Kapaun Mt. Carmel Catholic High School and all its employees and representatives of any liability for any injury or loss which may occur in transit to and from events or during practice or competition.
2. Kapaun Mt. Carmel Athletic Eligibility Policy: I have read the KMC policy regarding standards to participation in activities listed in the student planner/agenda and on the reverse of this page and I am aware that KMC standards exceed those established by the KSHSAA.
3. Acknowledgement of Risk of Injury: I understand the dangers inherent and the potential for injury while a student is involved in interscholastic sports at Kapaun Mt. Carmel Catholic High School. I am aware that the risk of injury ranges from minor strains/sprains, contusions, lacerations, and joint injuries with or without significant internal derangement, fractures and dislocations, to catastrophic injuries resulting in permanent disability of one or more joints, paralysis, and possible death. As the parent/legal guardian of the above mentioned student, I understand this warning statement and give my permission for my son/daughter to participate in interscholastic sports or spirit activities at Kapaun Mt. Carmel Catholic High School. I agree that Kapaun Mt. Carmel Catholic High School and any of its employees or representatives will not be held liable in the event of bodily injury to my son/daughter.

(A STATEMENT OF MY STUDENT'S HEALTH PROBLEMS IS LISTED ON THE BACK OF THIS SHEET)

4. Athletic, Cheerleading, or Dance Injury Evaluation and Treatment: I hereby give my permission for a certified athletic trainer appointed by Orthopedic & Sports Medicine at Cypress to evaluate and treat my son/daughter for athletic injuries. I understand that student trainers under the supervision of the certified athletic trainer may provide first aid to minor injuries. I understand that my son/daughter may be evaluated and treated for injuries by certified athletic trainers provided by hosts' schools during contests provided by the hosts' schools during contests held at other schools. I am informed that my child's health information and privacy are protected through HIPPA federal regulations in which the certified athletic trainers and student aides are trained to follow.

5. Care of Personal and School Equipment: A student-athlete will be offered the use of a school locker and lock at KMC while he/she is a member of a KMC athletic team. The student-athlete is responsible for his/her own personal equipment while on our campus or at the site of any contest or activity. Our coaches' will make every reasonable effort to secure locker and competition areas, but student-athletes must assume primary responsibility for their own and school-issued equipment. A student will be responsible for the replacement cost of lost, stolen, or damaged uniforms or equipment when such loss is due to the student's negligence.

By affixing our signature below, we agree that we understand the above-mentioned policies of Kapaun Mt. Carmel Catholic High School and we agree to follow all rules, policies, and procedures of the school and its athletic department.

Signature of
Parent/Legal Guardian _____ Date _____

Signature of
Student/Athlete _____ Date _____

Statement of student health problems which might affect the student's participation in athletics or spirit squads:
