

William V. Fisher Catholic High School

Athletic Department

WARNING, ASSUMPTION OF RISK & CONSENT

TO PARENTS/LEGAL GUARDIANS:

We are excited that your son/daughter wants to participate in our interscholastic athletic program and that you are expressing your willingness to permit him/her to compete. Your support of our student-athletes is an integral part of helping to make their athletic time here at Fisher Catholic memorable.

While our primary concern here at Fisher Catholic is always the educational development of all those in our trust, we feel that a well-organized athletic program only enhances the educational experience and provides real opportunities in life skills which cannot easily be learned in the classroom environment. Long after they have forgotten what we taught them in the classroom, they will remember the many valuable life lessons they learned through participating in athletics. Moreover, the friendships cultivated during these athletic experiences will be treasured for a lifetime.

We would all agree that athletic participation should be a positive experience, but it is an experience that is not without its risks. These risks can range from over-elation, to frustration, to disappointment, and to anger and even physical injury. Of the previously mentioned risks, the first four are normal emotional swings with which we all need to learn to cope. These normal feelings come with growing up and teach the young people to deal with life's challenges.

Anytime high emotion, physical activity and contact sports are involved; there are risks of injury.

Despite our every effort to eliminate or minimize injuries, they may still occur. Seeking to reduce the incidence of injuries, Fisher Catholic High School will:

1. Conduct a mandatory parent/athlete meeting prior to the start of the season to fully explain the athletic policies and to advise, caution and warn parents/athletes of potential injuries.
2. Provide opportunities for continuing education for coaches; including such topics as emergency procedures and assisting the trained medical professional.
3. Keep all coaches current in CPR.
4. Keep all coaches current in Pupil Activity Permit/Validation (Sports Medicine Certification).
5. Inspect and upgrade all facilities on an ongoing basis to provide a safer environment.
6. Purchase safety equipment suitable for our student-athletes.
7. Have players inspect their own safety equipment on a daily basis.
8. Instruct all athletes about the dangers of participation in his/her specific sport.

Student: _____ Grade: _____

SPORT: (Check sport(s) of possible participation)

- | <u>FALL</u> | <u>WINTER</u> | <u>SPRING</u> |
|--|---|---------------------------------------|
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> B/G Basketball | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> B/G Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Football | <input type="checkbox"/> B/G Bowling | <input type="checkbox"/> Boys' Tennis |
| <input type="checkbox"/> Golf | <input type="checkbox"/> B/G Swimming | <input type="checkbox"/> B/G Track |
| <input type="checkbox"/> B/G Soccer | | |
| <input type="checkbox"/> Girls' Tennis | | |
| <input type="checkbox"/> Volleyball | | |

PERMISSION/WARNING/ASSUMPTION OF RISK/CONSENT:

We (the student-athlete and parent/guardian) acknowledge that participating in any sport can be dangerous, and may lead to possible injuries. These injuries may include and vary from blisters, infections, sprains, strains and fractures up to and including eye, neck and spinal cord injuries and even death. We acknowledge that death is a possibility. Occasionally injuries may cause life-long impairment or paralysis. Injuries may also limit any future abilities to earn a living, to engage in other businesses, social or recreational activities, and generally lead a normal, unencumbered life.

Because of the potential for injury in athletic participation, we recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules and to obey by such instructions.

This form, with your signature verifies that you are aware that various injuries can occur while participating in athletics and hereby consent to evaluation and treatment by school approved coaches and licensed athletic trainers.

"We do understand and assume that there is always the risk of a possible injury to me/our son/daughter in athletic participation and further acknowledge that football is a contact/collision sport and soccer is a contact sport and that they represent the greatest risk of injury."

"I hereby consent to evaluation of athletic injuries and emergency medical treatment, hospitalization or other treatment as may be necessary for the welfare of my child, by school personnel: coach, a licensed athletic trainer; a physician, and /or a hospital and its personnel in the event of illness or injury during all periods of time in which the student-athlete is away from his/her legal residence as a member of any interscholastic team or group. Furthermore, I consent to allow follow-up treatment/rehabilitation by a licensed athletic trainer, as may be necessary, to allow my child to safely participate/return to sport and to reduce the chance of further injury."

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____