ST. LOUIS ARCHDIOCESE INTERSCHOLASTIC PARTICIPATION CERTIFICATE
Physician / Parent / Student

This form must be completed prior to the first practice session.

Please **PRINT** all information and fill in each blank and circle the appropriate responses.

Section 1: Athlete's Application and Personal Information

NAME: ____ PHONE: (____)_________________

ADDRESS: _____________________________________ CELL : (_____)__________________

CITY: _______________________________ STATE: _________ ZIP: _______________

BIRTH DATE: _________________________ AGE: ________

This application to represent Rosati-Kain High School, hereafter referred to as school, in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I will accept the eligibility standards established by my school including all the policies stated in the R-K Athletic Policies. I also understand that if I do not meet the standards of good sportsmanship and conduct set by the school and the MSHSAA, or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it will result in me not being allowed to participate in the next contest, and the possible suspension from the team either temporarily or permanently as well as from Rosati-Kain.

I have completed and/or verified that the part of this certificate which requires me to list all previous injuries or conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

STUDENT SIGNATURE: _________________________________ DATE: ___________

Section 2: Parent / Guardian Permission and Authorization

A) I / We hereby give our consent for the above student to represent her high school in interscholastic athletics. I / We will not hold the school responsible in case of accident or injury whether it be en route to or from another school or to, from, or during practice or an interscholastic contest, and I/we hereby agree to hold the school, the Archdiocese of St. Louis of which it is a part, and the Archbishop of St. Louis, their employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my / our child/ward in any activities related to the interscholastic activities at her school.

"Students who represent a school in interscholastic activities must be creditable citizens and judged so by the proper school authority certifying a list of completion. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered creditable citizens. Conduct shall be satisfactory in accord with the standards of good discipline. Each school has the authority to set more restrictive citizenship standards and will have the authority to judge its students under those standards." (MSHSAA By-Law 212)

B) I / We understand and accept all the policies regarding academics, conduct, substance abuse, transportation and all other school policies as stated in the **R-K Athletic Policies** and MSHSAA eligibility requirements. I / We further state that I / we have completed that part of the certificate which requires us to list all previous injuries or conditions that are known to me / us which may affect the student's performance or treatment, and I / we certify that it is correct and complete.

C) I / We understand that the school will not provide transportation to all events and that my / our child / ward may travel as a passenger in a privately owned vehicle which will be driven by a student or parent. I / we ***permit / do not permit*** **(circle one)** my / our child / ward to drive her vehicle to off campus activities ***with / without*** **(circle one)** other students as passengers.

Please initial _______

Section 3 : Emergency Medical Treatment Consent Form

The rules of the Rosati-Kain Athletic Department and the MSHSAA provide that the student shall not be permitted to practice or compete for the school until Rosati-Kain has verification that she has basic athletic insurance coverage. My / Our child/ward is covered by basic insurance for the current school year with:

COMPANY: ____

POLICY NUMBER: ___________________________. PRIMARY INSURED ____________________

SIGNATURE OF PARENT(S) /GUARDIAN (S): ____________________________________

DATE: _______________ ____________________________________

As parent(s) / guardian(s) of _______________________________________ I / we give consent for the school to contact a physician or hospital of its choice for such medical care as is reasonably necessary for the welfare of the student. I / We understand that when possible the school personnel will contact the doctor and hospital listed below.

I N C A S E O F E M E R G E N C Y O R I L L N E S S , P L E A S E C O N T A C T :

NAME: _______________________________________ RELATIONSHIP: _______________________

HOME: _____ ______ _________ WORK: _____ _____ _________ CELL: _____ ______ _______

NAME: ____ RELATIONSHIP: ____________________

HOME: _____ ______ _________ WORK: _____ _____ __________ CELL: ____ ______ _______

DOCTOR: ________________________ OFFICE: ___________________ EXCH.: ________________

ADDRESS: ____ ZIP: _____________

HOSPITAL: ____ PHONE: _____________________

ADDRESS: ____ ZIP: _____________

ALLERGIES TO MEDICINE: ____

____

List any previous injuries, disabilities, diseases, medications, impairments, or other factors which should be known before treating your child or ward: ____

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SIGNATURE OF PARENT(S) / GUARDIAN(S) : ____________________________________

DATE: ____________ ____________________________________

11/08