

**Student-Athlete/Parent Certification of Consent
to Participate in the
St. Edmund Preparatory High School Athletic Program**

I/we acknowledge that the participant is assuming a certain risk of being injured and that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are a possibility in organized athletics.

I/we understand that travel is necessary and that an accident causing injury is possible.

I/we consent to the disclosure by St. Edmund Preparatory High School to the CHSAA of all required, detailed student-related financial, scholastic, and attendance records of the school.

I/we authorize responsible and certified school personnel to oversee or provide emergency medical care to a participant in the event of serious injury or in the event the parent/guardian cannot be contacted in a timely way.

I/we have read and discussed the information published in the *St. Edmund Prep Athletic Handbook* and know, understand, agree, and voluntarily assent to comply with the rules as stated herein.

STUDENT CERTIFICATION: Based on the information presented in the *St. Edmund Prep Athletic Handbook* and by the St. Edmund Prep athletic staff, I believe I am eligible to represent St. Edmund Prep in interscholastic athletics. If accepted as a member of the St. Edmund Prep athletic program, I agree to abide by said rules and regulations of St. Edmund Prep and the CHSAA.

Student Name (please print)

Parent/Guardian Name (please print)

Student Signature

Parent/Guardian Signature

Date

Date

Please sign and return to the Athletic Office.

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ADDITIONAL TRANSPORTATION CONSENT – please check all that apply

- I grant permission for my son/daughter to drive to and from athletic practices.
- I grant permission for my son/daughter to transport other St. Edmund Prep student- athletes to and from athletic practices.
- I grant permission for my son/daughter to be transported by other St. Edmund Prep student-athletes to and from athletic practices.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

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IN CASE OF EMERGENCY – please print legibly

First Contact _____
Name

Relationship

Phone Number

Second Contact _____
Name

Relationship

Phone Number