

Fr. Tolton Catholic High School Athletics
2021-2022 Permission to Participate
Please Complete Both Sides

Athlete Information

Name of Athlete (please print): _____ Grade (please circle one): FR SO JR SR

Date of Birth: _____, 20____

Permission to Participate

My son/daughter, named above, has my permission to participate in sports and/or activities during the 2021-2022 school year at Fr. Tolton Catholic High School (FTCHS), and to travel with the team on the transportation provided, or arranged, by FTCHS.

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts

Please provide a list of persons to contact in the event of an emergency involving your child.

Father's name: _____ Phone: _____

Mother's name: _____ Phone: _____

Other Name: _____ Phone: _____ Relationship to Athlete: _____

Other Name: _____ Phone: _____ Relationship to Athlete: _____

Indemnification and Waiver & Release

The undersigned athlete and parent/guardian of the above named athlete acknowledge the inherent risks of participation in sports and associated travel, and recognize that injuries, some extremely serious even resulting in death, can and do occur as a result of such participation. Participants agree to engage in these activities at their own risk and release and discharge FTCHS from any and all claims of negligence by the school and its employees. The undersigned agrees to save, indemnify, and keep harmless FTCHS, the Tolton Catholic Board and its personnel including volunteers, and the Diocese of Jefferson City against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in FTCHS athletics.

Signature of Athlete: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Physical Readiness and Treatment Authorization

The undersigned athlete and parent/guardian of the above named athlete certify that the athlete is free from communicable diseases, and is fit for full and vigorous participation in sports. Further, the undersigned grant consent for representatives of FTCHS to seek medical attention, and for all medical care as prescribed by a duly licensed physician administered under any and all conditions as necessary to preserve life, limb, or well-being of the athlete. Additionally, the undersigned grant consent for representatives of PEAK/Sport and Spine (athletic trainers provided) to treat any and all injuries/medical conditions associated with athletic participation, including but not limited to concussions, heat illnesses (use of rectal thermometers in the event of a severe medical emergency), minor to severe injuries, general illnesses, and the providing or rehabilitative physical therapy related to injuries, etc.

Signature of Athlete: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Recognized Medical Conditions

Does your child have any medical conditions about which the coaching staff should be informed (allergies, asthma, cardiovascular deficiency, etc.)? Is he/she allergic to any medications? Is he/she using any medications which may affect performance? Please list them below. Feel free to attach an additional sheet if necessary.

Medical Insurance

MSHSAA requires your child to have medical insurance to participate. Does your child have medical insurance coverage for the types of injuries that may occur? YES NO **IF NO, SEE THE ATHLETIC DIRECTOR IMMEDIATELY**

If yes, please name the insurance carrier: _____

Eligibility Protection

I and my son/daughter have been provided the MSHSAA pamphlet entitled "HOW TO MAINTAIN AND PROTECT YOUR HIGH SCHOOL ELIGIBILITY" and have been instructed to contact the FTCHS Athletic Director with questions pertaining to eligibility.

Signature of Athlete: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Citizenship Understanding

I understand that if my son/daughter encounters a problem with the law, I must contact the Athletic Director by the end of the next school day to inform him. I further understand that failure to do so could result in my son/daughter being declared ineligible for the remainder of the sports season as it may result in a scenario in which games could be forfeited. I understand that MSHSAA citizenship rules prohibit participation by any student who has a pending problem with the law until the court ordered sentence has been completed, and/or all legal proceedings have been cleared up. I also understand that if a student misses class without being excused by the school administration, he/she is ineligible until he/she attends a full day of class.

Signature of Athlete: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Agreement to Comply

I have read, understand, and agree to comply with the FTCHS Rules and Regulations for the 2021-2022 school year as stated in the school handbook. I am aware that the regulations relating to alcohol, drug, and tobacco use are applicable year round, whether my son/daughter is in-season or not. I am also aware that a violation of FTCHS and diocesan policies regarding the misuse of technology may result in disciplinary consequences relative to athletic participation. I and my child agree to comply with these rules and to accept the penalties for violation should that occur.

Signature of Athlete: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Athlete Release of Information

I hereby authorize the athletic trainers/physicians to release information regarding the health status of myself (athlete who is 18 years of age or older), or my son/daughter to his/her coach as it relates to their ability to participate in the care of their injuries/illnesses.

Signature of Athlete: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Concussion Awareness

We have been informed by FTCHS athletic trainers and personnel about the dangers of, symptoms of, and treatment of concussions. We received and read the MSHSAA materials on concussion, which includes information on the definition, symptoms, what to do if you have a concussion, and how to prevent a concussion.

Signature of Athlete: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____