

2022-23 CONSENT FORM FOR ATHLETIC PARTICIPATION

THIS FORM MUST BE COMPLETED IN FULL BEFORE PARTICIPATING.

This form is required for all students participating in Notre Dame’s interscholastic sports programs. This form must be on file in the athletic office prior to taking part in any conditioning, practice or game.

I give my permission for my son or daughter to participate in the high school athletic program, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, the use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

I agree to comply with all of the rules and regulations of Notre Dame Catholic High School and the Connecticut Interscholastic Athletic Conference (CIAC) regarding eligibility including those specified in the Student-Athlete Handbook and School Handbook governing the use of prohibited substances, in particular alcohol, drugs, tobacco and performance enhancing products. Student-athletes found to be in violation of school and/or CIAC rules may face suspension or dismissal from sports activities.

- I acknowledge that I have read, understand and agree to the conditions of participation in the Notre Dame Athletic Program.
- I understand that my son or daughter’s first responsibility to Notre Dame is as a student and I will encourage them during their athletic season to give their academic work the time it needs and deserves.
- I realize that Notre Dame has non-duplicating insurance and that for any injury my son or daughter might sustain in athletics, I must first make a claim against my own insurance. I realize that the school’s insurance will pick up where my insurance leaves off.
- I realize that individual coaches have regulations for their teams, and I agree to abide by those regulations for all athletics found in or governed by the Student-Athlete Handbook, CIAC and with any other organization Notre Dame is affiliated.
- I give permission for my son or daughter to receive medical treatment in case of injury and/or emergency.
- I understand that all student-athletes and parents are responsible for understanding and following all rules contained in the Student-Athlete Handbook.
- I have read and understand the “Student/Parent-Concussion Plan” contained in the Student-Athlete Handbook and understand the severities associated with concussions and the need for immediate treatment for such injuries.
- I have read and understand the “Student & Parent-Sudden Cardiac Arrest Plan” contained in the Student-Athlete Handbook and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.
- The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be highly contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19. Even with implementation of safety protocols, NDCHS cannot guarantee that you or your children will not become infected with COVID-19 and attendance in the Activity could increase your risk and your child(ren)’s risk of contracting COVID-19. By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), NDCHS staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me.

Student Name _____ Student Signature _____

Parents/Guardians Names: _____

Parents/Guardians Signature _____

Phone number in case of emergency: _____

Please check the line if the student-athlete has no insurance coverage: _____

Insurance Company: _____

Policy Number: _____

Date: _____

SPORT(s): _____