

BOURGADE CATHOLIC HIGH SCHOOL ATHLETIC CONSENT FORM

RISK ACKNOWLEDGEMENT/CONSENT TO PARTICIPATE

(Students Name) _____ wishes to participate in sport(s) in the BOURGADE CATHOLIC HIGH SCHOOL sports programs during the student's year(s) (state starting through ending year) _____. I/We realize that there are risks involved in participating in sports and that I/We attended a school meeting where these risks were discussed and I/We received an opportunity to have all our questions answered. I/We understand that the risks include a full range of injuries, from minor to severe, from death to paralyzation and other serious permanent injuries. I/We realize that neither the protective equipment and padding, the safety rules/procedures of the sport, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries they might sustain. I/We agree to accept these risks as a condition of participating in sports at BOURGADE CATHOLIC HIGH SCHOOL. I/We also understand that it is our responsibility to inform the coaching staff, the Athletic Trainer, and Director of Athletics of any pre-existing medical condition. (This contract will be binding all years participating in athletics and while the student is enrolled at Bourgade Catholic High School)

Student-Athlete _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

PARENT/GUARDIAN CODES AND ACTIONS

It is the responsibility of the student and the parent/guardian to read and abide by all the rules and policies of both the Student Handbook and the Athletic Handbook. as a member of the AIA Pursuing Victory With Honor, all students and parents/guardians are required to display good sportsmanship a all times. I/We understand that failure to do so will result in me/us being asked to vacate the area where BOURGADE CATHOLIC HIGH SCHOOL is participating. I/We, by signing, are stating that we have read both the Student Handbook and Athletic Handbook and will abide by all rules stated therein. (This contract will be binding all years participating in athletics and while the student is enrolled at Bourgade Catholic High School)

Student-Athlete _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

ATHLETIC CONTRACT

I request that Bourgade Catholic High School include:

Athlete's Name: _____ Date of Birth: _____ Class: _____

Sport(s) _____

(This contract will be binding all years participating in athletics and while the student is enrolled at Bourgade Catholic High School)

1. To represent Bourgade Catholic High School in athletic activities approved by the Arizona Interscholastic Association.
2. To accompany any school team of which he/she is a member on any of its local or out of town trips.
3. To receive services from the athletic trainer.
4. I agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of any athletic activities or travel.
5. I have read and agree to abide by the rules, regulations, and procedures contained in the Bourgade Catholic High School Student Handbook.
6. I am aware that playing or participating in any sport can be a dangerous activity involving many risks of injury. Certain sports are violent contact sports involving even greater risk of injury.

Student-Athlete _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

GAME TRAVEL RELEASE FORM

This request is for (Students Name) _____, a student participating in sports at Bourgade Catholic High School. I/We are requesting permission for him/her to ride either to the in-season sports event or home from the in-season sports event with his/her parent(s)/guardian (list names) _____. Date _____. I/We assume full responsibility for my child once I/We transport him/her to the sporting event or once he/she leaves the in-season sporting event. I/We understand by signing this release form that the Diocese of Phoenix and Bourgade Catholic High School are released from all liability. (This contract will be binding all years participating in athletics and while the student is enrolled at Bourgade Catholic High School)

Parent/Guardian _____ Date _____

Signature of Notary _____ Date _____

State of Arizona County of _____

On (date) _____ (name of signer) _____, personally appeared before me and I verify that he/she is the person who signed the above document.

Student's Last Name	
First Name	

NOTARY SEAL
