

**Our Lady of Mount Carmel
Athletic Permission Slip**

PLEASE RETURN FORM TO HIGH SCHOOL OFFICE

Athlete Name: _____ **Grade:** _____ **Sport:** _____
Age: _____ **Gender:** _____ **Date of Birth:** _____ **Phone:** _____
Parent/Guardian Name: (Please Print): _____
Parent/Guardian Email(s): _____

Parent/Guardian Consents

**(Name of Athlete) has my permission to participate in all interscholastic sports
NOT checked below.**

If you check the box of any sport it means the athlete will **NOT** be permitted to participate in that sport.

Football___ (B/G) Soccer___ Volleyball___ (B/G)Cross Country___ (B/G) Basketball___
Wrestling___ Cheerleading___ Dance___ Baseball___ Softball___ (B/G) Lacrosse___

1. My permission extends to all interscholastic activities whether conducted on or off school premises. The school will provide proper and suitable supervision at practice, games both home and away, and travel supervision while participating in games or practices not held on site at Our Lady of Mount Carmel. Beyond this point of supervision, the school cannot assume responsibility for any injuries. In exchange for the opportunity to compete in sports, I freely and fully waive any claim by me, my spouse, or my son or daughter against Our Lady of Mount Carmel and its employees arising from sports related injury or transportation to and from sporting events for said participant while participating in the activities not checked above. I have also discussed with him/her and we understand that physical injury, including paralysis, coma or death can occur as a result of participation in interscholastic athletics.

2. To enable Our Lady Mount Carmel and its full and associate member schools to determine whether herein named student is eligible to participate in interscholastic athletics, I hereby consent to the release of any and all portions of school record files, beginning with the ninth grade, of the herein named student, including but not limited to, birth and age records, name and residence of student's parent(s), guardian(s) or Relative Care Giver, residence of student, health records, academic work completed, grades received and attendance records.

3. I further consent to Our Lady of Mount Carmel, the MIAA/IAAM and its full and associate member schools use of the herein named student's name, likeness, and athletically related information in reports of interscholastic practices, scrimmages or contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

4. I hereby consent to allow health care providers(s) selected by myself or the schools to perform a pre-participation examination on my child and to provide treatment for any injury received while participating in or training for athletics for his/her school. Permission is also granted for the school athletic trainer, the approved health care provider to proceed with any use of modalities for the care, treatment, and rehabilitation of the above named student who is participating in OLMC athletic events. Modalities will only be utilized under the standing orders of the team orthopedic surgeon, and will only be administered by the certified athletic trainer. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation, with coaches, medical staff, and other school personnel as deemed necessary. Such information may be used for injury surveillance purposes.

5. I have read and agreed to all terms in the athletic handbook.

By this signature I agree that I have read and agree to all of the above statements and that my signature authorizes OLMC officials to act in the aforementioned ways.

Parent/Guardian Signature:

Date: