

Notre Dame High School ATHLETIC EMERGENCY RELEASE FORM

DUPLICATE FORM - (Please press firmly when filling out form so all copies are legible)

General Information

Student's Legal Name (Last, First)

Birthdate

Grade

Present Address

City

Zip

(#1) Emergency Contact & Phone #

(#2) Emergency Contact & Phone #

Father's Name & Home #

Mother's Name & Home #

Cell #

Work #

Cell #

Work #

Medical/Insurance Information

Insurance Provider & Policy #

Insured Employer

Family Physician & Phone #

Existing medical conditions (medications-allergies)

MEDICAL HISTORY

YES	NO	Don't Know	Questions
			1. Are you aware of any health problems?
			2. Does the athlete take any medication?
			3. Is athlete currently under medical care?
			4. Does the athlete have any problems with vision (eyes)?
			5. Has the athlete ever suffered a heart related illness (heat stroke)?
			6. Does the athlete have a history of a concussion (getting knocked out)?
			7. Does athlete have asthma (wheezing), hay fever or coughing spells after exercise?
			8. Has the athlete ever broken a bone, had to wear a cast or had an injury to any joint?
			9. Has it ever been necessary to restrict athlete's activities for medical reasons?
			10. Does athlete require special care for any reason?
			11. Has the athlete had any surgeries?
			12. Is the athlete diabetic?

Explain any YES answers above

PARENT'S STATEMENT

I hereby give my consent for the above named student to compete in sports, including regularly scheduled trips to other schools on supervised school transportation and I certify that the insurance information provided is accurate. **Risk Warning:** I realize that participating in competitive athletics may result in severe injury, including paralysis or death. It is understood NDHS, NDHS student body and or any NDHS employees shares NO responsibility in the payment of medical fees incurred by injuries to participants in its athletic programs. **Trainer Consent:** I give my permission to the athletic trainer or other personnel to administer first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment as approved by the consulting physician. **Emergency Treatment:** In the event of an accident or emergency, I give my permission for the school authorities to transport my child to any available doctor or hospital or request their services.

In case of a medical emergency concerning the above named student, we, the parents/legal guardians, hereby authorize and consent to our child receiving x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary under general or special supervision and upon the advise of a physician and surgeon licensed under the Medical Practices Act in accordance with the CA Family Code. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment.

Parent/Guardian Signature

Date

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

**NOTRE DAME HIGH SCHOOL
RELEASE OF LIABILITY &
ASSUMPTION OF RISK AGREEMENT
2010-2011**

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

We, the undersigned, are aware that sports can be dangerous involving many risks and injury. We understand that the dangers and risks of playing, practicing, training and trying out for sports include death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, general health and well being.

In consideration of the above named athlete being permitted to travel, play, practice, train and try out for sports, and engage in all activities related to a sport team, each of the undersigned, for himself/herself, personal representative, heirs and next of kin hereby releases, waives discharges, and holds harmless Notre Dame High School, and its officers, agents, employees, teachers, coaches, servants, volunteers, representatives, and affiliates (hereinafter collectively referred to as "N.D.H.S.") of and from all liability on account of death, bodily injury, or property damage arising out of or related to the above described activities whether caused by the negligence of N.D.H.S. or otherwise. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that the undersigned hereafter may have, or assert to have, which arise out of or are in any matter whatsoever, directly or indirectly, connected with or related to the above described activities.

Each of the undersigned, for himself/herself, personal representative, heirs and next of kin, hereby assumes full responsibility for any risk of death, bodily injury, or property damage arising out of or related to the above described activities, whether caused by the negligence of N.D.H.S. or otherwise.

Each of the undersigned, for himself/herself, his personal representative, heirs and next of kin, hereby agrees that this Release of Liability and Assumption of Risk Agreement extends to all acts of negligence by N.D.H.S. and is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I have read this Release of Liability and Assumption of Risk Agreement and I fully understand its terms. I understand that I will be giving up substantial rights by signing it, and sign it freely and voluntarily without any inducement, assurance, or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Mother/Guardian: _____ **Date:** _____

Signature of Father/Guardian: _____ **Date:** _____

Signature of Student/Minor: _____ **Date:** _____

Calling All ND Parents!

We need your help! If your son or daughter is currently involved or planning to be involved in a sport at Notre Dame, please fill out the form below to volunteer where you can.

Select the areas below that you would be available to help in. This is a great way to meet members of the Athletic Booster's and to be a part of the Athletic Booster tradition!!

Thank you for your support!

Notre Dame Athletic Boosters

- SNACK BAR (Sandwiches, Hot Dog & Snack sales)**

There are several day and evening shifts available this fall during football season & spring during track & field season.

- MEGA STORE (ND Clothing & Apparel Sales)**

There are several daytime and evening shifts available that will begin this fall during football season & throughout the year with various events.

- SECURITY (Parking & game control)**

Several day and evening shifts will be available beginning in the fall during football season and throughout the year.

- OTHER**

Various help throughout the year that Athletic Boosters are asked to help with.

PARENT LAST NAME: _____

PARENT FIRST NAME: _____

E-MAIL ADDRESS: _____

STUDENT NAME: _____

SPORT: _____