

SACRED HEART CATHOLIC SCHOOL

STUDENT ATHLETE PRE-PARTICIPATION ELIGIBILITY FORM

One copy of this form must be completed and on-file in the Athletic Department for each student-athlete. The form will apply to all activities selected.

STUDENT INFORMATION	First Name	Middle Initial	Last Name	
	Address		City/State/Zip	
	Home Phone		Cell Phone	
	Date of Birth	Grade	Gender Male Female	
	Email Address		Social Security Number	

SPORTS	Fall Sports	Winter Sports	Spring Sports
	<input type="checkbox"/> Varsity Cheerleading	<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Baseball
	<input type="checkbox"/> Jr. High Cheerleading	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Golf (co-ed)
	<input type="checkbox"/> Cross Country (co-ed)	<input type="checkbox"/> Jr. High Boys Basketball	<input type="checkbox"/> Softball
	<input type="checkbox"/> Football	<input type="checkbox"/> Jr. High Girls Basketball	<input type="checkbox"/> Tennis (co-ed)
	<input type="checkbox"/> Swimming (co-ed)	<input type="checkbox"/> Boys Soccer	<input type="checkbox"/> Track (co-ed)
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Girls Soccer		

LEGAL GUARDIAN	Name	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____
	Email Address	Home Phone
	Employer's Name	Cell Phone
	Employer's Address	Work Phone

LEGAL GUARDIAN	Name	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____
	Email Address	Home Phone
	Employer's Name	Cell Phone
	Employer's Address	Work Phone

EMERGENCY CONTACT	Name	Relationship	
	Home Phone	Work Phone	Cell Phone

INSURANCE INFORMATION	All students participating in sports MUST have health insurance.			
	Primary Insurance Name		Effective Date	
	Phone	Agent's Name	Policy #	Group #
	Secondary Insurance Name		Effective Date	
	Phone	Agent's Name	Policy #	Group #

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PARENTAL AUTHORIZATION FOR PARTICIPATION & TREATMENT RELEASE

Student name _____ Grade _____

I hereby give my consent for the above-named student to represent Sacred Heart Catholic School in interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching and strict observance of 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 also give my consent for him/her to accompany the team on trips and will not hold the school or the Diocese of Biloxi or any of its employees responsible in case of accident or injury, whether it is in route to or from another school, athletic venue, or during practice or a competition. If I cannot be reached and in the event of an emergency, I also give consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school activities.

The Family Educational Rights & Privacy Act of 1974 protects the rights of parents and students in a way not heretofore provided. The school, from time to time, will be making available to the news media, and to the public in general, information about students who participate in athletics. The information may include such things as name, grade, honors and awards received, and photographs.

I also note that my child's interest in school athletics is totally voluntary on our part and made so as his/her guardian. We understand the eligibility standards set forth by the Mississippi High School Activities Association and Sacred Heart Catholic School, and that our child must abide within these standards and has not and will not violate these standards in any way. We also understand that if our child does not meet the citizenship standards set forth for the team, he/she may be suspended from the team or all athletics either temporarily or permanently. We also understand and agree that ALL decisions regarding the participation of the student in these programs are made by the coach(es) of these programs.

I understand that an athletic health examination is required for my child's participation in athletics and that I am responsible for having this completed by a proper medical facility and/or physician. I also realize that this examination is limited in scope and does not indicate that my child is completely free from impairments which may be affected by athletic participation.

I understand that the requirements for participating on a school team will involve:

- 1. Applicable participation fees and/or uniform fees to be paid by the student.**
- 2. Parental participation in the Booster Club.**
- 3. Parental volunteering for gate collections and concessions.**
- 4. Attendance at all practices and games unless prior approval is given by the coach.**
- 5. Adherence to all rules of the Sacred Heart Catholic School Student-Parent Handbook.**
- 6. Maintaining academic eligibility as outlined in the Athletic Handbook.**

I also understand the nature of athletics and release hospital, physicians, coaches, volunteers and paid personnel involved from any and all liability for all injuries, damages or claims of every kind, character or description which may arise from my child's participation in an athletic health examination and/or school athletics. It is also my responsibility to obtain results from the physician for my child's examination.

I understand that by granting permission for participation in athletics at Sacred Heart Catholic School, I am agreeing to abide by all policies and rules set forth by the Mississippi High School Activities Association, the Catholic Diocese of Biloxi, Sacred Heart Catholic School, and the coaches of the sport(s) in which my child participates.

Parent/Guardian Signature: _____
Date

Student Signature: _____
Date