



## Duchesne Athletics Contract for Athletes and Parents

**IMPORTANT:** This form must be filed with the ATHLETIC DIRECTOR before a student can practice or compete with any Duchesne Academy athletic team. You will also need to turn in a completed sports physical with medical clearance for participation. This form covers athletic participation for the entirety of the 2019-2020 school year.

(Please print)

STUDENT NAME \_\_\_\_\_ GRADE (Fall 2019) \_\_\_\_\_

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above student and are collectively referred to as "Parent."

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student, and that by signing this form, is consented to on the part of the Parent.

(2) Understand that injuries/accidents are possible dangers associated with athletic participation (see item 2 at <https://nsaahome.org/textfile/spmeds/consentform.pdf>) and release Duchesne Academy and all its agents from claims due to such injuries/accidents sustained while attending and participating in Duchesne Athletics.

(3) Give Duchesne's Certified Athletic Trainer permission to treat the student for any injury she sustains while participating in athletics for Duchesne Academy. In the absence of Duchesne's Certified Athletic Trainer, permission is given to licensed athletic trainers from other NSAA schools or coaches to treat immediate needs.

(4) Acknowledge that the Athletic Handbook at <http://www.duchesneacademy.org/athletics/athletic-handbook/> includes policies, guidelines and expectations regarding student-athletes who participate in the athletic programs at Duchesne Academy. We have read the handbook and are aware of and agree to our responsibilities as student, parent or guardian during the athletic season(s) at Duchesne.

(5) Acknowledge the Concussion Protocol at Duchesne Academy; are aware of and agree to our responsibilities as student, parent or guardian to follow the post-concussion procedures and the functional progression program within the Protocol as administered and released solely by Duchesne's Athletic Trainer. (See <http://duchesneacademy.org/athletics/concussion-information/>)

(6) Understand and agree to the transportation information provided below (see "Duchesne Athletics Transportation Waiver" on page 2.)





## Duchesne Athletics Transportation Waiver

When applicable, Duchesne will contract transportation of student athletes to competitions outside of the Omaha metropolitan area. Duchesne will not, however, provide transportation to all practices or competitions inside of the Omaha metropolitan area. In these circumstances, it is the responsibility of the student-athlete and their parents or guardians to arrange transportation. Please choose all options that apply and sign below:

\_\_\_\_\_ I give permission for my daughter to **DRIVE** to practices and competition in the metro Omaha area. She **MAY NOT** take other students in her car.

\_\_\_\_\_ I give permission for my daughter to **DRIVE** to practices and competition in the metro Omaha area. She **MAY** take other students in her car.

\_\_\_\_\_ I give permission for my daughter to **RIDE** to practices and competition in the metro Omaha area in a **STUDENT DRIVEN** car.

\_\_\_\_\_ My daughter **MAY NOT** ride in a student driven vehicle. I, as her parent/guardian, will provide transportation to all practices and competition in the metro Omaha area.

_____	_____
Student Name (printed)	Parent/Guardian Signature
_____	_____
Student Signature	Date

**SUBMIT TO ATHLETIC DIRECTOR**

