



## MORRIS CATHOLIC HIGH SCHOOL INTERSCHOLASTIC PERMISSION FORM

Student's Name: \_\_\_\_\_

I, the undersigned parent or guardian hereby give the above-named student permission to try-out, practice, and compete in the interscholastic athletic program and extracurricular activities at Morris Catholic High School.

Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, there injuries can be so severe as to result in total disability, paralysis or even death. I acknowledge that I have read and understand this warning.

I agree that Morris Catholic High School shall not be liable, financially or otherwise, for any physical injury of any sort sustained by above named student while traveling to or from practice or competition, or while participating in any off-season/in-season conditioning and/or weight training programs, or while practicing for or competing in the interscholastic program.

I agree to guarantee the return of any and all school property and equipment issued to the student, or to compensate Morris Catholic High School for such property or equipment that is not returned except where such material has been damaged or destroyed by actual use in practice or competition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Accident Insurance Policy:

Effective upon date of enrollment and continuing through commencement (or date of withdrawal), all Morris Catholic High School students are covered for medical expenses incurred for treatment of accidental injuries which occur while participating in school-sponsored and school-supervised activities. This insurance is provided through the Diocese of Paterson Student and Sports Accident Insurance Policy. The student is covered while: attending school during school hours, attending school sponsored and supervised activities and traveling directly to and from school and home from either of the above.

- This coverage is in excess of any other insurance coverage you have for your child.
- Your family Medical/Health Insurance Policy must be used before benefits under this plan will be available.
- If you go out of network of your primary insurance, out of network expenses may not be covered by BMI Benefits LLC.

*It is most important for you to realize this policy does not cover non-school related activities.*

All claims come from the nurse's office. An insurance form will be issued which must be completed by the trainer/nurse, the parent/guardian and the attending physician, then mailed to the insurance company within 90 days of the date of the accident. It is the family's responsibility to report all injuries requiring medical attention immediately and obtain this form within the required time limitations. Parents should realize that any medical expenses involving their son/daughter are their responsibility and not the school's.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Permission:

As parent of guardian of the above-named student, I give my permission to the authorities of Morris Catholic High School to initiate or seek emergency care should he/she become sick or injured. To the hospital I grant permission for the performance of such operation and/or procedure, and/or anesthesia, as are deemed necessary. Also, to release this record requested by professional individual agencies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_