



## Diocese of Palm Beach Field Trip Consent and Release

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address and Telephone Number of Parent/Guardian:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Information (include telephone number and address):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Field Trip/Activity:

**Interscholastic Sports Activities – 2017-2018**

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold St. Anastasia School, Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor=s control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize

Sponsor at its discretion, to place me at my own (or my parents= or my guardians=) expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the Parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor=s terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of participant: \_\_\_\_\_  
(Students in grades 3 through 8 are required to sign above)

Name: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant=s leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_

**Photograph and/or Videotape Consent & Release**

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: \_\_\_\_\_  
 (Students in grades 3 through 8 are required to sign above)

Name: \_\_\_\_\_  
 Please Print

Date: \_\_\_\_\_

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant=s leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_  
 Please Print

Date: \_\_\_\_\_

## ST. ANASTASIA CATHOLIC SCHOOL

### PARENTAL CONSENT AND RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, a student at \_\_\_\_\_ ("School") for myself and the above-named student, our legal representatives, next of kin and assigns (hereinafter jointly referred as "Student") request that Student be permitted to participate in a school-recognized sports program ("Program"). I understand that as a condition of participating in the Program, Student must have a physical examination by a doctor clearing the student for physical activity. By signing this Consent and Release, I hereby:

- 1. Certify that Student has been cleared to participate in the Program by a duly licensed medical doctor and that I agree to submit a letter to the school signed by the doctor which clears Student to participate in said Program prior to him/her engaging in any activity;**
- 2. In the alternative, I agree to allow my son/daughter to be examined at School by a person or persons arranged by School. I hereby acknowledge that the person or persons arranged by School are independent contractors who are not employed, controlled or operating for the benefit of School. School is acting to facilitate the examination for the benefit of Student and with Student's consent and release;**
- 3. Release, discharge, indemnify and covenant not to sue School, the Diocese of Palm Beach and their employees, agents and volunteers ("Releasees") for any claim, demand, action or liability whatsoever on account of injury to the person or property of Student in conjunction with participation in such program or the medical examination;**
- 4. Indemnify and hold harmless Releasees and each of them from any loss, liability, damage, claim or cost they may incur incident to Student's participation in the above, whether caused in whole or part by the negligence of Releasees or otherwise;**

I further represent that Student is covered by accident and health insurance apart from any coverage provided by School which is primary to any other coverage, and I agree to maintain coverage in full force and effect while Student participates in the Program.

I further agree that School, its agents and/or employees have the right to terminate the participation of the above Student for reasonable cause, as determined within the discretion of the Program.

I acknowledge that the Program is inherently dangerous and may result in injury to Student regardless of the supervision and controls implemented by the Program. I agree that Student may participate in the Program regardless of its inherently dangerous nature.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



**DIOCESE OF PALM BEACH  
SPORTS CONSENT AND RELEASE FROM LIABILITY**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Sports in which the student plans to participate: \_\_\_\_\_

- A. I/we hereby give consent for our child/ward to participate in the interscholastic sports listed above.
- B. I/we am aware of the potential danger of concussions and/or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
- C. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the school against which it competes, the contest officials and coaches, and the Diocese of Palm Beach including all of its affiliated entities and agents of any and all legal responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools against which it competes, the contest officials and coaches and the Diocese of Palm Beach because of any claim, costs, or cause of action arising in any way from the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sports activity until this document is on file with the principal.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

*Note: This document must be completed and endorsed by the student's parent or guardian and kept on file at the school. When received, the document should be date stamped and initialed by the athletic director or the principal.*



For official use only: Name of Athlete: _____ Sport/Season: _____ Date Received: _____
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## Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_ and \_\_\_\_\_ the parent(s)/guardian(s) of  
Parent/Guardian Parent/Guardian

\_\_\_\_\_, acknowledge that I have received information on all of the following:  
Name of Student/Athlete

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian \_\_\_\_\_  
PRINT NAME

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

Parent/Guardian \_\_\_\_\_  
PRINT NAME

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

Student Athlete \_\_\_\_\_  
PRINT NAME

Student Athlete \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

*It's better to miss one game than the whole season.*



## Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 1 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

### Concussion Information

#### What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

#### What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

#### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

#### What do I do if I suspect my child has suffered a concussion?

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

#### When can my child return to play or practice?

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

#### Statement of Student Athlete Responsibility

I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

\_\_\_\_\_  
 Name of Student-Athlete (printed)

\_\_\_\_\_  
 Signature of Student-Athlete

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Parent/Guardian (printed)

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Parent/Guardian (printed)

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date





**Consent and Release from Liability Certificate for Concussion and Heat-Related Illness**  
**(Page 2 of 2)**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

**Heat-Related Illnesses Information**

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

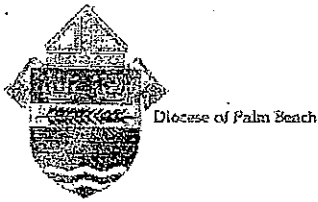
Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

**Who's at Risk?**

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

_____	_____	____/____/____
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date



## Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular activity.

### Student Information

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Has student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Has student ever received medical attention for a head injury? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

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

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

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

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPORT EMERGENCY FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies and/or special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, please notify:

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

The following person(s) **may not** pick up my child/ren:

Name(s) \_\_\_\_\_

\_\_\_\_\_

### Medical Permission Slip

In case of a medical emergency, I hereby give permission to have my child transported to a doctor or hospital for proper treatment with the understanding that I will be contacted as soon as is reasonably possible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Mother's Signature

**ST. ANASTASIA CATHOLIC SCHOOL ATHLETIC DEPARTMENT  
PLAYER/PARENT COMMITMENT AND CODE OF CONDUCT**

The St. Anastasia Athletic Department wants participation in team sports to be fun and exciting and expects support from both parents and players to achieve this goal. We provide our sports programs to students can be given opportunities to fully achieve their potential in an organized and competitive environment. In order to help insure the success of the program, we must recognize that our actions and words can have a lasting effect upon others, both positive and negative. We need everyone to join us in being a positive role model.

As a St. Anastasia player, I understand that my success and growth requires extra effort, a positive attitude and the willingness to learn. So that I can be the best player and teammate for the success of my team, my parents and I promise to do the following:

**PLAYER**

1. I promise to come to every practice on time. If I am going to be late or cannot attend, I promise to contact my coach.
2. I promise to work hard at practice to improve my skills and understanding of the game.
3. I promise to give my coach my full attention during practice and games.
4. I promise to do whatever is asked of me for the good of the team.
5. I promise to always encourage, and never criticize my teammates-at practice, during a game and at school.
6. I promise to always hustle and never quit for myself and my teammates.

There is a joy in winning, but pride develops in doing your best whether winning or losing. This is known as team spirit, which will be remembered and cherished more than the team's record.

**PLAYER (print name)** \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENTS**

1. I understand this program requires a commitment to practices and games that will involve evenings and travel. The team concept is important and I know the other players and coaches are counting on my child's full participation.
2. I will guide my child in proper management of time and responsibilities related to school work, family expectations, etc. to avoid interference with the team's schedule and commitment.
3. I understand that playing time is at the coaches' discretion.
4. I will be a positive role model for my child and encourage good sportsmanship by showing respect and courtesy, and demonstrating positive support for all players, coaches, officials and spectators at every game or practice.
5. I will praise my child for competing fairly and giving their best effort.
6. I will help my child learn the right lessons from winning and losing, and from individual accomplishments and mistakes.

7. I will never question or confront a coach at a game or practice, and will take time to speak with the coach at an agreed upon time and place.

8. I will pick up my child on time at the scheduled end of practice or games.

As a parent, I pledge my support for my child in meeting this commitment. Please sign our Parent Code of Conduct to show support for a positive program.

PARENT (print name) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**St. Anastasia Catholic School**

**Parent and Student Athletic Handbook Acknowledgement Form**

Please sign and return to the school office within five days of making the athletic team.  
This is required for participation.

**Parent**

I acknowledge that I have read the St. Anastasia Catholic School Parent and Student Athletic Handbook and agree to abide by the rules and expectations.

Print Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

~~~~~

**Student**

I acknowledge that I have read the St. Anastasia Catholic School Parent and Student Athletic Handbook and agree to abide by the rules and expectations.

Print Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_

Grade \_\_\_\_\_