

**SAINTS DENNIS AND JOSEPH CATHOLIC ACADEMY ATHLETICS & ACTIVITIES
PROGRAM INFORMED CONSENT & ACKNOWLEDGEMENT AGREEMENT**

School: Saints Dennis & Joseph Catholic Academy
Program: 2023-2024 Athletics

Coach: _____
Administrator: Kenneth Byrne

PLEASE READ THIS COMPLETELY AND CAREFULLY. YOU AND YOUR CHILD ARE AGREEING TO LET YOUR CHILD ENGAGE IN AN ACTIVITY THAT MAY RESULT IN DISEASE, SERIOUS ILLNESS OR INJURY, OR DEATH, BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

I am the parent/legal guardian of _____ (my child) who is a student at Saints Dennis and Joseph Catholic Academy and wishes to participate in the program designated at the top of this Agreement for the 2023-2024 academic year (the “Program”). As a Program participant, my child will participate in all Program activities including but not limited to strength training and conditioning, scrimmages, practices, games, pep assemblies, and on and off campus competitions. Knowing the requirements, I give my consent for such participation.

It has been fully explained to me and my child that _____ is a vigorous, physical activity involving motion, rotation, running, jumping, prolonged periods of close physical contact, and collisions between participants. Both myself and my child understand and acknowledge that there is an increased potential that my child’s participation in any Program activities carries with it a higher than ordinary risk of illness or infectious disease (including, but not limited to, COVID-19 related illness, influenza, respiratory or viral illnesses/disease), or injury, and could lead to serious disease, illness, injury, paralysis, or even death. I am also aware of the potential danger of concussions and/or head and neck injuries that may result from participating in the Program. I have read and understand the information on these risks, and on concussions, provided by Saints Dennis and Joseph Catholic Academy. I also have knowledge about the risk of continuing to participate once a disease, illness or injury is sustained without proper medical clearance. I accept responsibility for reporting and ensuring that my child reports, all of my child’s injuries as well as my child’s condition to my child’s coaches including any signs and symptoms of COVID-19 related illness, concussion, disease, or illness. My child and I will inform the supervising coach immediately if my child experiences any symptoms of COVID-19 related illness, concussion, or symptoms of a disease or illness, or witnesses a teammate with these symptoms.

I understand that the activities in which my child will be asked to participate are strenuous and require physical and athletic agility. It has been fully explained to me and my child, and we both understand and acknowledge, that these activities include, but are not necessarily limited to, a variety of athletic maneuvers requiring the coordination of more than one participant. These activities will not be confined to any one site or venue, but rather will involve a variety of sites or venues throughout the year.

I have been informed that my child must be examined by a physician prior to participation in these activities, and I agree to such examination. I have also been informed that my child is subject to physical screenings and wellness checks while participating in the Program and agree to such screenings and checks. I agree to notify immediately the appropriate school personnel in the event of any change in my child’s health status.

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I know and understand, and acknowledge that my child knows and understands, the risks involved in participating in the Program, understand that COVID-19 related illness, concussions, illnesses, serious injury, and even death, is possible from such participation and choose to accept any and all responsibility for my child's safety and welfare while participating in the Program. With full understanding of the risks involved, I release and hold harmless Saints Dennis and Joseph Catholic Academy, from any and all responsibility and liability for any disease, illness, injury or claim resulting from such participation and agree to take no legal action against them because of any acts or omissions by them, or any accident or mishap involving the participation of my child.

I further authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the IESA, upon its request, of all records relevant to my child's eligibility to participate in the Program, including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness.

I grant the released parties the right to photograph and/or videotape my child and further to use my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

EACH PERSON SIGNING THIS AGREEMENT HAS READ AND UNDERSTANDS THIS AGREEMENT, HAS HAD ANY QUESTIONS THEY MAY HAVE HAD ABOUT THIS AGREEMENT ANSWERED, AND AGREES TO BE BOUND BY ITS TERMS TO THE FULLEST EXTENT PERMITTED BY LAW.

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____