PBVM School Sports Program

Parent/Guardian & Student Acknowledgement of Receipt of Rules & Responsibilities

To further insure the safety of our student athletes, we are asking for you to complete this form, which states how your child will be getting to and from practices. It is extremely important that the coaches, Extension staff, and other Presentation faculty know where your child is to go after school and before/after practice.

After School Destination Form

_____My child attends Extension. He/she will go directly from class to Extension to check-in before practice. Then my child will go to practice at the regularly scheduled time and return to Extension after practice.

_____My child will be dropped off for practice time. I will make sure the coach is there before I leave my child. He/she will be picked up at the end of the practice by a parent or person who is listed on the emergency form in the coach's possession.

_____ My child has a "walking pass" and will walk home after school, walk to practice, and/or walk home from practice.

Preauthorized Driver Form

All students who require a ride to any school sport activity must have this form filled out by their parent/guardian authorizing a parent, coach, or other adult to take him/her to such an activity.

_____I authorize my child to ride with his/her team's coach to and from a school sponsored sports activity.

_____I authorize my child to ride with parents listed below to and from a school sponsored sports activity:

_____

_____

Parent Driver Acknowledgement

The PBVM School Staff, Coaches and Faculty, in an attempt to foster the safest environment for all our students, require that all parent drivers follow these rules while transporting students:

- Practice safe driving habits
- Ensure the safety of your vehicle
- Not operate the vehicle while under the influence of anything
- Have the required copies of vehicle insurance, fingerprint status, Shield the Vulnerable Certificate, and valid Driver's license on file with the school office.

We acknowledge that we have received and read the rules and responsibilities of the Sports Program and agree to honor them. I agree to the information that I filled in above.

_____	_____	_____
Printed Student's Name	Student's Signature	Date
_____	_____	_____
Printed Parent's Name	Parent's Signature	Date

ATHLETICS - MEDICAL and EMERGENCY FORM

AUTHORIZATION FOR CONSENT OF TREATMENT OF MINOR

In the event of serious emergency and none of the persons listed below can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital. I hereby agree to bear all costs incurred as a result of the foregoing:

MY CHILD IS ALLERGIC TO:

1. _____ 2. _____

_____ _____

Signature of Parent or Guardian *Date*

MEDICAL INSURANCE COVERING THE STUDENT:

Name of Company:_____ Policy Number: _____

Are there any health conditions of your child that we should be aware of? Please list:

_____

_____

PAROCHIAL ATHLETIC LEAGUE PARTICIPANT EMERGENCY INFORMATION

School:	Grade:	Sport:
Student:		Home Phone:
Father:		Mother:
Father Work Ph:		Mother Work Ph:
Father Cell Ph:		Mother Cell Ph:
Father Email:		Mother Email:
In case of emergency (when parents cannot be reached), please contact:		
Name/Relationship		Phone:
Name/Relationship		Phone:
Physician:		Phone:
Hospital:		
Dentist:		Phone:

Alternate Family Treatment Option

I do <u>not</u> choose to sign the above statement. In the event of an accident or emergency, please:

_____ _____

Signature of Parent or Guardian *Date*