

**2018-2019
Athletic Consent Form
Clarksville Community School Corporation**

EMERGENCY RELEASE, PARENT CODE OF CONDUCT AND CONSENT

NAME OF ATHLETE

GRADE

NAME OF PARENT/GUARDIAN

HOME PHONE NUMBER

CELL PHONE NUMBER

INSURANCE COMPANY

INSURANCE POLICY NUMBER

Emergency Contact Person _____ Phone Number _____

Prescription Medication(s) _____

Other Medical Information _____

I hereby give my consent for the above named student-athlete to participate in athletics at Clarksville Community Schools. I understand that travel is necessary and accident-causing injury is possible. As parent/guardian of the above named student-athlete, I acknowledge that I have read the school's Athletic Handbook and understand that my son/daughter is subject to disciplinary measures should he/she violate the rules. I also authorize the school to investigate and obtain information from police agencies, probation departments, or any other sources regarding events that might be in violation of any of the rules as stated in the Athletic Handbook.

I (and my guests) will respect the officials, coaches, administrators and their authority before, during, and after games. I will never question, discuss, or confront coaches at the athletic venue. If I would like to speak to the coach I will schedule an appointment at an agreed time and place. I (and my guests) will be positive role models and encourage sportsmanship by demonstrating positive support for all players, coaches, officials, and spectators. I (and my guests) will not engage in any unsportsmanlike conduct with officials, coaches, or players such as taunting, refusing to shake hands, or using profane language or gestures. I understand that any violation of this code of conduct will be cause for dismissal, suspension, or permanent expulsion from future school events.

I authorize the athletic department to publicize the achievement of the participant, including the participant's name and likeness, in the media and on the athletic/school website. Note: The athletic director must be contacted directly and in writing to rescind this authorization.

As a parent or guardian, I hereby grant permission for the athletic trainer at Clarksville High School to provide treatment deemed reasonably necessary to protect the health and well being of the above individual. I hereby grant permission for the school, a licensed physician, and/or trainers to render necessary medical care to the person named above in the event of a medical emergency. The authority is granted only after a reasonable effort has been made to contact me. I agree to assume responsibility for expenses incurred in the handling of this emergency.

I also grant _____ deny _____ permission for the school, a licensed physician, and/or trainers to contact a physician that the person named above has previously seen about an injury.

Signature of Parent/Legal Guardian

Date

STUDENT-ATHLETE CONSENT

I have read the school's Athletic Handbook. I believe I am eligible to represent my present school in athletics and agree to abide by said rules and regulations of the Clarksville Community School Corporation and the IHSAA. To the best of my knowledge, I have suffered no injury or illness that would hinder my participation in my chosen sport(s).

I acknowledge that I have read the Athletic Handbook that includes the Code of Conduct for all Clarksville athletes. I understand the Code applies to me during the IHSAA athletic season and I realize that I am subject to disciplinary measures should I violate the Code. I agree to participate and conduct myself in accordance with the rules of our athletic Code and with any other specific rules of my coaches. I know that athletic participation is a privilege. I further understand there is a risk of being injured that is inherent in all sports. I realize that the risk may be severe including the risk of fracture, brain injury, paralysis, or even death. I choose to accept these risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I also understand that travel is necessary and accident-causing injury is a possibility.

Signature of Student-Athlete

Date