



## DIOCESE OF TUCSON CATHOLIC SCHOOLS SPORTS LEAGUE PERMISSION FORM

**Permission to Participate in Diocese of Tucson Interscholastic Athletic Events/Extracurricular Activities**

To the Principal of **St. Elizabeth Ann Seton School**. I/we give permission for my/our child, \_\_\_\_\_, to participate in the Diocese of Tucson Athletic Program for the 2018-2019 school year.

We realize that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with proper coaching and supervision, injuries are possible and that on rare occasions severe injuries result in total disability, paralysis or death. We hereby release and save harmless the Diocese of Tucson, its schools, and any and all of its employees and volunteers from any and all liability from any and all harm arising to my/our child as a result from participation in interscholastic athletics and other extracurricular activities during this school year.

My child will be instructed by me/us to cooperate fully with the directions and instructions of the supervisory personnel in charge of the athletic events and/or extracurricular activities.

**Permission to be transported to Diocese of Tucson Interscholastic Athletic Events and Extracurricular Activities**

I/We give my/our child permission to be transported to Diocese of Tucson athletic events and/or extracurricular activities by modes of transportation that are not owned and/or operated by the Diocese of Tucson, its schools, or its employees. I/We understand that these modes of transportation may be personal vehicles variously owned and or operated by coaches or volunteers. I/We understand that my/our child is not covered by school insurance when transported under any of these circumstances. I/We hereby release and save harmless The Diocese of Tucson, its schools, and any and all of its employees, volunteers, and/or students from any and all liability from any and all harm arising to my/our child as a result of transportation to athletic events and/or extracurricular activities during this school year.

**Health Insurance Agreement**

I/We understand that my/our child is primarily covered by his/her family health insurance plan:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Should there be a medical emergency, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me/us, by my/our insurance company or any benefit plan of mine or that of my spouse. Accident insurance carried by the school is designed to provide supplemental coverage to any insurance carried by the parents/guardian.

**By signing below, I/we acknowledge we have read and give consent to all stated above.**

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

\_\_\_\_\_  
Date



## DIOCESE OF TUCSON CATHOLIC SCHOOLS SPORTS LEAGUE

### Code of Conduct and Behavioral Expectations Sign-off

#### Diocesan Code of Conduct

As a participant and supporter of the Diocesan Sports Program, I will conduct myself in a manner consistent with the values and teachings of the Catholic Christian faith and will follow the rules and procedures outlined in the Diocesan Sports Handbook.

#### Expectations of Behavior

The general behavior of an athlete in school and elsewhere is a credit to her/his team, school, coaches, family, and her/himself. It is the expectation of the Diocese of Tucson that you will conduct yourself in a manner consistent with the values and teachings of the Catholic Christian faith. When determining your conduct, keep the following in mind:

- Treat ALL with respect.
- Maintain sportsmanlike conduct.
- Refrain from using profanity, disrespectful/harassing gestures at any time.
- Encourage your teammates and all athletes during competition.
- Follow the guidelines for Uniform Dress Code.
- Always play like a champion.

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I have read the Diocesan Sports Handbook (which can be found at [www.diocesetucson.org](http://www.diocesetucson.org) then click on Catholic Schools and then on Sports) and understand that the Diocese of Tucson has certain expectations of behavior that I will uphold. Further, I understand that I am responsible for my conduct and will manage myself in a manner consistent with the values and teachings of the Catholic Christian faith, or be subject to all penalties prescribed by the Handbook and the school that I represent.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent E-Mail Address



## DIOCESE OF TUCSON CATHOLIC SCHOOLS SPORTS LEAGUE

### EMERGENCY TREATMENT FORM

#### Authorization to Treat a Minor

This form will be used only if a parent/guardian cannot be present at a hospital emergency room when your child is in need of treatment. Every reasonable attempt will be made to contact parents, before proceeding to the emergency room.

I/We, the undersigned parent, parents, or legal guardian of the minor below, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any licensed member of the medical staff and emergency room staff, or a dentist licensed and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Arizona Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis or treatment of hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain in effect until: \_\_\_\_\_

Signature of Father, Mother, or Legal Guardian

Date

Child's Name

DOB

School's Name

Father's Name

Home Phone

Work/Cell Phone

Mother's Name

Home Phone

Work/Cell Phone

Child's Physician

Phone

Designated Hospital for Treatment

Insurance Company

Phone

Policy Number/Group Number

Last Tetanus Booster

Please list any allergies to drugs or foods

Please list any medications, restrictions, or special instructions: