



Seccina Memorial High School Athletics

Student-Athlete Code of Conduct; Travel Authorization; Concussion Acknowledgement; Franciscan Health Consent for Athletic Services

Seccina Memorial requires information and consents to be submitted by parents and students for athletic eligibility each school year.

THERE ARE TWO PARTS TO SUBMIT:

PART 1: The IHSAA Pre-participation Physical Evaluation Form must be printed from our website and received as a hard copy only. The IHSAA form requires information about the athlete and includes a physical that ONLY A PHYSICIAN can complete. This physical must be dated on/after APRIL 1, 2023.

PART 2: - This form includes:

- * Code of Conduct
- * Concussion Information for Parents/Student and Acknowledgement
- * Franciscan Health Sports Performance- Consent for Athletic Training Services
- * Travel Authorization

Please read through the Code of Conduct and the Concussion Information for students and parents. **On the last pages, as noted, please fill in all areas and return to the Seccina Athletic Office.**



**SCECINA MEMORIAL
HIGH SCHOOL**

*****RETURN THIS PAGE TO ATHLETIC OFFICE FOR ELIGIBILITY- page 2 of 3

Seccina Memorial Emergency Contacts, Permissions, and Signatures for Code of Conduct and Concussion Info

Student Athlete Name _____ Year of Graduation _____

Are any of these student athlete(s) a recent transfer to Seccina Memorial from another High School? _____

If yes, Student Name _____

Parent or Guardian Full Name _____

Address _____ City _____ Zip _____

Parent/Guardian Cell Phone _____ Parent/Guardian _____

Email _____

Parent/Guardian Cell Phone#2 _____ Parent/Guardian Email #2 _____

Emergency Contact Name/Phone Number _____

Parent Signatures: **Concussion Information**

I, as the parent or legal guardian of the above-named student read the Parent Information Fact Sheet. I understand the nature and risk of CONCUSSION and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

Parent/Guardian Signature _____

Athletic Code of Conduct

I have read and understand the Seccina Memorial Athletic CODE OF CONDUCT and agree to abide by its terms.

Parent/Guardian Signature _____



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*****RETURN THIS PAGE TO ATHLETIC OFFICE FOR ELIGIBILITY- page 3 of 3

Consent for Travel Authorization

Please check the appropriate line(s) for consent for your Student's travel during sports

My Student(s) are permitted to DRIVE THEMSELVES ONLY- (if licensed) _____

My Student(s) are permitted to drive themselves AND their teammates- (if licensed) _____

My Student(s) are permitted to be driven BY A TEAMMATE _____

My Student(s) are permitted to go on team bus with team _____

As Parent/Guardian, I hereby give consent for the above-mentioned student's family members to TRANSPORT or be transported in personal vehicles as noted above:

I also certify that my child(ren), if driving others, have current automobile insurance and will follow Indiana driving laws.

Parent/Guardian Signature _____

*****RETURN THIS PAGE TO ATHLETIC OFFICE FOR ELIGIBILITY-

Student Signatures: Concussion Information

I am a student athlete participating in Sports for 2023-2024. I have read the Student Athlete Concussion Information Fact Sheet. I understand the nature and risk of CONCUSSION and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

Student #1 Signature _____

Code of Conduct Information

I have read and understand the Scecina Memorial Athletic CODE OF CONDUCT and agree to abide by its terms.

Student #1 _____