

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 2 PARTS TO SUBMIT:**
PART 1: The IHSAA Pre-participation Physical Evaluation Form, must be printed from our web site and received as a hard copy only. The IHSAA form requires information about athlete and includes a physical that ONLY A PHYSICIAN can complete-dated on/after APRIL 1, 2024

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 last pages, as noted, please fill in all areas and return to the Athletic Office.**

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 _____

*****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 _____