

Athletic Department



SAINT MARY'S
CATHOLIC HIGH SCHOOL

This is the packet of forms needed in order to tryout/ practice

(Additional paperwork will be needed at a later time)

The following forms need to be filled out and turned into the athletic department in order for you **to be able to practice/ tryout:**

- **Physical:** You need to complete a physical every year. AIA physical forms need to be filled out completely by a physician. (There are four medical forms in total and two places your physician needs to sign.)
- **Transportation Form:** This form needs to be notarized.
- **Parent/ Coach Agreement:** This needs to be signed by your parent/guardian and yourself.
- **Concussion Certificate (Brainbook):** This certificate is obtained by taking a test on the AIA website. This certification is good for 4 years. (aiaacademy.org)
- **Athletic Code:** This is the back page of the Student Athletic Handbook. Your coach will hand this out to you once the season starts.
- **AIA Consent To Treat Form**
- **AIA Mild Traumatic Brain Injury(MTBI)/ Concussion Annual Statement and Acknowledgment Form**
- **Birth Certificate (copy):** This is good for 4 years.

To receive a uniform and play in the first game you will need the following additional document

- **Sports Fee Form:** This needs to be paid in the Business Office before the first game and uniform is issued.

***** If you are a transfer student (coming from another High School, where you**

participated in a sport) you will need to fill out a 550 form on the AIA website. ***

<https://admin.aiaonline.org/public-forms/student-transfer>





SAINT MARY'S CATHOLIC HIGH SCHOOL

Physical, Health History & Consent

School Year 2019-2020

_ Please print: Last First Middle Initial Sex Grade

Sports: _____

Parental Permission:

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility.

On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We acknowledge that I/We have read and understand this warning.

Consent for Emergency Care.

Be it Known that I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored or sanctioned by Arizona Interscholastic Association, Inc., of which the above named school is a member .

I hereby consent for the student named above, to be given medical care by a doctor selected by the school.

IT IS HERE BY understood that the consent and authorization hereby given and granted are continuing and are intended throughout this school year.

Signature of Parent/Guardian

Signature of Student Athlete



2019-20 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete)

Exam Date: _____

Name: _____
 Home Address: _____
 Phone: _____
 Date of Birth: _____
 Age: _____
 Gender: _____
 Grade: _____
 School: _____
 Sport(s): _____
 Personal Physician: _____
 Hospital Preference: _____

In case of emergency contact:
 Name: _____
 Relationship: _____
 Phone (Home): _____
 Phone (Work): _____
 Phone (Cell): _____

 Name: _____
 Relationship: _____
 Phone (Home): _____
 Phone (Work): _____
 Phone (Cell): _____

Explain "Yes" answers on the following page.
 Circle questions you don't know the answers to.

| | Y | N | | | | | | | | | | | | | | | | | | |
|---|-----------|------------|------------|-----------|---------|---------|--------------|-------|------------|------------|-----|-------|------|-----------|-------|-----------|--|--|--|--|
| 1) Has a doctor ever denied or restricted your participation in sports for any reason? | | | | | | | | | | | | | | | | | | | | |
| 2) Do you have an ongoing medical conditional (like diabetes or asthma)? | | | | | | | | | | | | | | | | | | | | |
| 3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____ | | | | | | | | | | | | | | | | | | | | |
| 4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____ | | | | | | | | | | | | | | | | | | | | |
| 5) Does your heart race or skip beats during exercise? | | | | | | | | | | | | | | | | | | | | |
| 6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection | | | | | | | | | | | | | | | | | | | | |
| 7) Have you ever spent the night in a hospital? | | | | | | | | | | | | | | | | | | | | |
| 8) Have you ever had surgery? | | | | | | | | | | | | | | | | | | | | |
| 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11) | | | | | | | | | | | | | | | | | | | | |
| 10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11): | | | | | | | | | | | | | | | | | | | | |
| 11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below): | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">Head</td> <td style="width: 16.6%;">Neck</td> <td style="width: 16.6%;">Shoulder</td> <td style="width: 16.6%;">Upper Arm</td> <td style="width: 16.6%;">Elbow</td> <td style="width: 16.6%;">Forearm</td> </tr> <tr> <td>Hand/Fingers</td> <td>Chest</td> <td>Upper Back</td> <td>Lower Back</td> <td>Hip</td> <td>Thigh</td> </tr> <tr> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/Toes</td> <td></td> <td></td> </tr> </table> | Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/Fingers | Chest | Upper Back | Lower Back | Hip | Thigh | Knee | Calf/Shin | Ankle | Foot/Toes | | | | |
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | | | | | | | | | | | | | | | |
| Hand/Fingers | Chest | Upper Back | Lower Back | Hip | Thigh | | | | | | | | | | | | | | | |
| Knee | Calf/Shin | Ankle | Foot/Toes | | | | | | | | | | | | | | | | | |

Y N

- 12) Have you ever had a stress fracture?
- 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 14) Do you regularly use a brace or assistive device?
- 15) Has a doctor told you that you have asthma or allergies?
- 16) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 17) Is there anyone in your family who has asthma?
- 18) Have you ever used an inhaler or taken asthma medication?
- 19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?
- 20) Have you had infectious mononucleosis (mono) within the last month?
- 21) Do you have any rashes, pressure sores or other skin problems?
- 22) Have you had a herpes skin infection?
- 23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?
- 24) Have you ever had a seizure?
- 25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 26) While exercising in the heat, do you have severe muscle cramps or become ill?
- 27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 28) Have you ever been tested for sickle cell trait?
- 29) Have you had any problems with your eyes or vision?
- 30) Do you wear glasses or contact lenses?
- 31) Do you wear protective eyewear, such as goggles or a face shield?
- 32) Are you happy with your weight?
- 33) Are you trying to gain or lose weight?
- 34) Has anyone recommended you change your weight or eating habits?
- 35) Do you limit or carefully control what you eat?
- 36) Do you have any concerns that you would like to discuss with a doctor?

Females Only

Explain "Yes" Answers Here

| | Y | N |
|--|----------|----------|
| 37) Have you ever had a menstrual period? | | |
| 38) How old were you when you had your first menstrual period? | | _____ |
| 39) How many periods have you had in the last year? | | _____ |



2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

| | Y | N |
|---|---|---|
| 1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle? | | |
| 2) Has your child ever had extreme shortness of breath during exercise? | | |
| 3) Has your child had extreme fatigue associated with exercise (different from other children)? | | |
| 4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise? | | |
| 5) Has a doctor ever ordered a test for your child's heart? | | |
| 6) Has your child ever been diagnosed with an unexplained seizure disorder? | | |
| 7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication? | | |

Family History Questions: Please Tell Me About Any Of The Following In Your Family...

| | Y | N |
|---|---|---|
| 8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning) | | |
| 9) Are there any family members who died suddenly of "heart problems" before age 50? | | |
| 10) Are there any family members who have unexplained fainting or seizures? | | |
| 11) Are there any relatives with certain conditions, such as: | | |
| Y N | | |
| Enlarged Heart | | |
| Hypertrophic Cardiomyopathy (HCM) | | |
| Dilated Cardiomyopathy (DCM) | | |
| Heart Rhythm Problems | | |
| Long QT Syndrome (LQTS) | | |
| Short QT Syndrome | | |
| Brugada Syndrome | | |
| Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) | | |
| Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) | | |
| Marfan Syndrome (Aortic Rupture) | | |
| Heart Attack, Age 50 or Younger | | |
| Pacemaker or Implanted Defibrillator | | |
| Deaf at Birth | | |

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Athlete

Signature of Parent/Guardian

Date

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

Date



2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____, ____ / ____)
 Corrected: Y N
 Vision: R20/____ L20/____
 Pupils: Equal Unequal

| | Normal | Abnormal Findings | Initials * |
|------------------------|--------|-------------------|------------|
| Medical | | | |
| Appearance | | | |
| Eyes/Ears/Throat/Nose | | | |
| Hearing | | | |
| Lymph Nodes | | | |
| Heart | | | |
| Murmurs | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary & | | | |
| Skin | | | |
| Musculoskeletal | | | |
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hands/Fingers | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot/Toes | | | |

* - Multi-examiner set-up only
 & - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction

Cleared With Following Restriction: _____

Not Cleared For: All Sports Certain Sports: _____ Reason: _____

Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

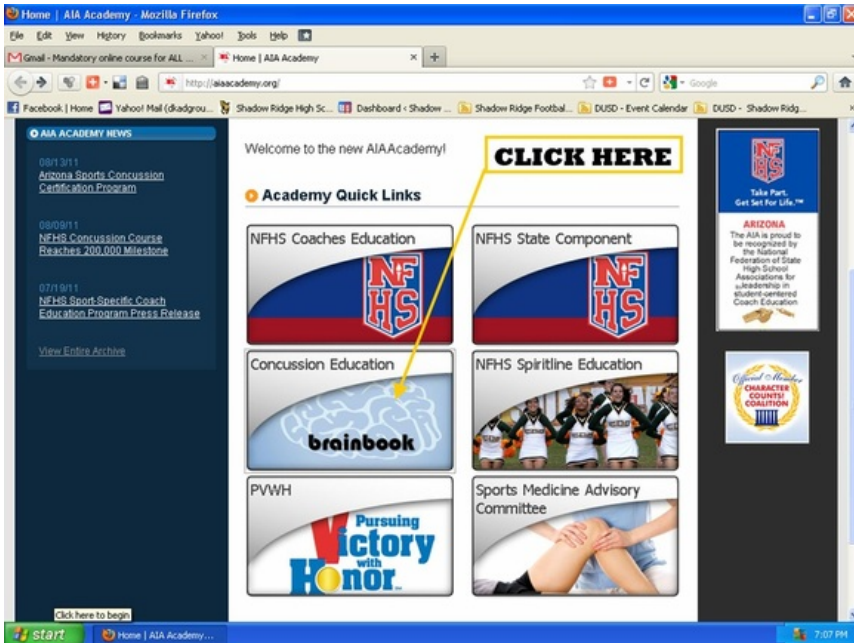
AIA Academy-Brainbook - Step by Step Instructions

Below are detailed instruction on how to complete this requirement. In order to play a High School sport, this course must be completed and Saint Mary's Catholic High School Athletic secretary must have the athlete's certification

STEP ONE

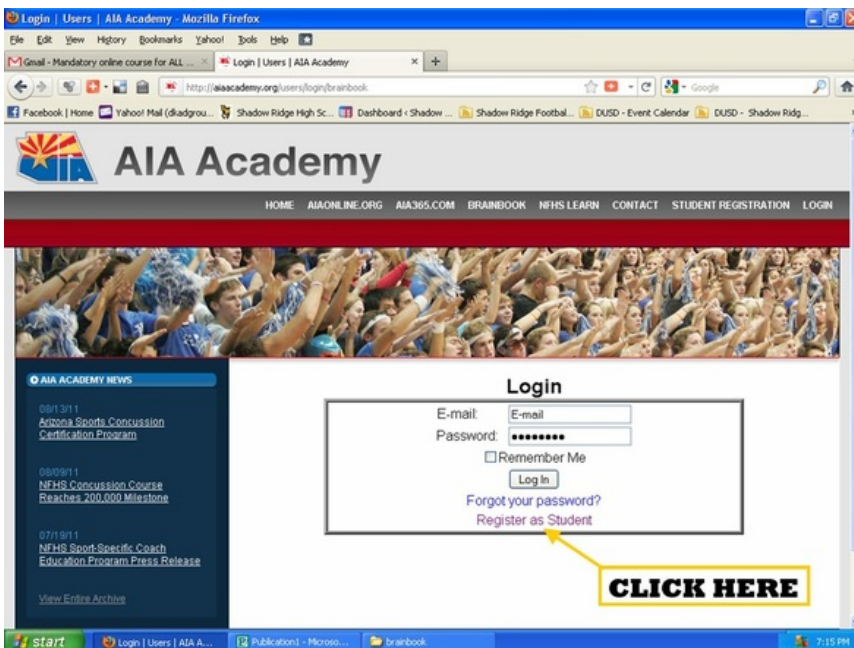
Go to: aiaacademy.org

STEP TWO



Click picture labeled brainbook

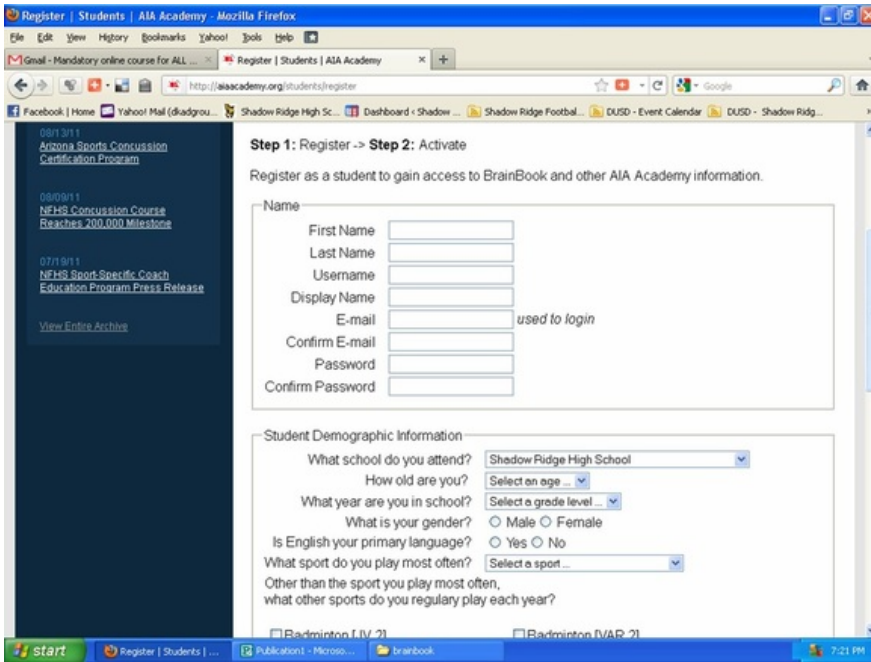
STEP THREE



Click: Register as Student

STEP FOUR

Complete registration information. Be sure to select Saint Mary's High School, age, grade level, and select additional sports you play. Then, click register



The screenshot shows a Mozilla Firefox browser window displaying the registration page for AIA Academy. The page title is "Register | Students | AIA Academy". The browser's address bar shows the URL "http://aiaacademy.org/students/register". The page content includes a sidebar on the left with news items and a main registration form. The form is titled "Step 1: Register -> Step 2: Activate" and contains the following sections:

- Name:** Fields for First Name, Last Name, Username, Display Name, E-mail (noted as "used to login"), Confirm E-mail, Password, and Confirm Password.
- Student Demographic Information:** Fields for "What school do you attend?" (dropdown menu showing "Shadow Ridge High School"), "How old are you?" (dropdown menu "Select on age ..."), "What year are you in school?" (dropdown menu "Select a grade level ..."), "What is your gender?" (radio buttons for Male and Female), "Is English your primary language?" (radio buttons for Yes and No), "What sport do you play most often?" (dropdown menu "Select a sport ..."), and a question about other sports played regularly.

STEP FIVE

Complete course.

STEP SIX

Print off certificate and give to Mr. Watt, in the St. Mary's Athletic Department.



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____



This document must be notarized

Appendix G.6
(Exception Form)

Roman Catholic Diocese of Phoenix
TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations where no other responsible adults are present..." are to be avoided. The directive of this provision requires that another adult should accompany Diocesan personnel who transport minors to and from field trips and outings.

Because of the limited number of participants in the Saint Mary's Athletics (name of program) of Saint Mary's Catholic School (name of school) and the time of day in which program events will occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from the programs.

The Diocese permits **exceptions to this policy** only upon a showing by the school that:

- 1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and
- 2) a parent or guardian of any student participating in such program has consented in writing to allow such student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the parent/guardian of the minor person must consent in writing.

I, _____, of _____
(name of parent/guardian) (name of minor student)

have selected one of three alternatives below by checking the applicable box to indicate selection:

(1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**

I, _____, parent/guardian of _____, (name of student) a participant in the _____ (name of program) of _____ (name of school) hereby consent to allow the student named above to travel to and from program events in a vehicle occupied by a single adult person at any time during the _____ school year. I further acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school. I further consent subject to the following additional conditions (if any): _____

(2) **NON-EXCEPTION**

I, _____, parent/guardian of _____, choose to have my child always travel in a 2 adult vehicle.

(3) **ASSUMPTION OF TRANSPORTATION RESPONSIBILITY**

I, _____, parent/guardian of _____, will solely provide transportation for my child to all activities away from the school campus.

(signature of parent/guardian)

(print name of parent/guardian)

State of Arizona
County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____



SAINT MARY'S
CATHOLIC HIGH SCHOOL

FAMILY AND COACH AGREEMENT

COACH TO FAMILY/STUDENT-ATHLETE

Steps for Agreement of Expectation:

- The coach will talk to team about expectations & sign team agreement.
- The coaches will have a pre-season meeting with parents and team.
- The coach will talk to the student first about any issues.
- The coach will talk to the parent and student with this concern.
- The coach will take continuing concerns to administration.
- The coach will help parents with access to rules of the sport.
- The coach will make available his or her email and phone number.
- The coach will evaluate each player's performance in mid-season conference (as determined by coach).

Non-Negotiable Items:

- *Playing time
- *Practice times
- *Discussion of other players
- *Past history
- *Personal information
- *Stats
- *Coaching philosophy

Protocol of Meetings:

-24/48 Rule: After a game or event a parent will wait 24 to 48 hours before contacting the coach to set up a meeting.

FAMILY/STUDENT-ATHLETE TO COACH

Steps for Agreement of Expectation:

- The student will talk to the coach with concerns first.
- The student will meet with the parent and coach.
- The parent will meet with the coach and athletic director.
- The parent will meet with the athletic director.
- The parent will work with school on issues.
- The parent will let the coach do the job as coach.
- The parent and coach will follow all Six Pillars of PVWH.
- The parent and student will meet with coach (as determined by coach), AD and/or Principal with written agenda items to be discussed by the parent with the AD serving as the facilitator.

I have read and agree to all expectations above.

Student-athlete Name (printed)

Signature

Date

Parent Name (printed)

Signature

Date

Saint Mary's Catholic High School
 Athletic Department
 Payment Plan for Athletic Participation Fee

Fall: Cross Country, Football, Golf,
 Spirit line, Swim, Volleyball (Girls)
Due by August 15, 2019

Winter: Basketball, Soccer
Due by November 15, 2019

Spring: Baseball, Softball, Tennis, Track,
 Volleyball (Boys)
Due by February 15, 2020

This form is not required if you would like to pay the full amount due. Payment can be made directly at Saint Mary's Business Office. Please complete this form **PER SEASON** if you would like to roll your student(s) athletic participation fee(s) into your monthly tuition payments. Athletic fees are **Non-Refundable** once the season has started. Thank You.

| Student Athlete Name(s) | Sport(s) | Date |
|-------------------------|----------|------|
| | | |

Total Fee Due \$ _____

- 1 student athlete- \$150 per sport
 (Two sports in same season=\$250)
- 2 student athletes (same season) - \$250
- 3 student athletes (same season) - \$350

_____ I would like to have the balance of my student(s) fee added to my monthly tuition.
 (SM Business Office will contact you with your revised payment amount.)

 Parent/Guardian Signature

 Date

 SM Business Office Staff Signature

 Date

 Greg Fahrendorf, SM Athletic Director
 Brian Watt, SM Assistant Athletic Director

 Date

| |
|--------------------------------|
| Initial Amount Paid \$ _____ |
| Date Pd: _____ |
| For Business office Staff only |



2019-20 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____

**Saint Mary's Catholic High School
Athletic Handbook
2019-20**

Revised: March 11, 2019. A copy of the handbook is available at <http://www.smknights.org/District/1195-Eligibility-Forms.html>, or a hardcopy is available at the front office.

Sports: _____

Please sign, date, and return this page to the athletic department.

Student Acknowledgement

As a student, and an athlete, I agree to comply with the Saint Mary's Athletic Code.

Student Name:

Print Name: Signature: Date:

Parent Acknowledgement

As a parent of a Saint Mary's student-athlete, I agree to support and abide by the spirit and intent of the Saint Mary's Athletic Code.

Parent Signature:

Print Name: Signature: Date: