

Elk County Catholic High School – Athletic Department

Acknowledgement of Risk and Consent

I/We hereby acknowledge that participation in Elk County Catholic Athletics involves a risk of injury, which may include severe injuries, possible paralysis, permanent disability, or death, and that these injuries may occur in some instances as the result of unavoidable accidents. I/We accept these risks in giving consent to participate in Elk County Catholic Athletics.

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I/We hereby authorize the school personnel to transport my/our child to a physician's office and/or emergency room for treatment in the event that medical care is needed while he/she is involved in Elk County Catholic Athletics. Furthermore, we authorize the physician and hospital staff to treat our son/daughter as they deem necessary in the emergency situation.

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I/We hereby authorize Elk County Catholic High School to transport my/our child to away and in some situations home athletic events. Transportation may include school or coach bus, school owned van, rental van or rental car, or private vehicle.

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I/We hereby give permission to the NATA Certified Athletic Trainer, contracted by Elk County Catholic High School, to perform immediate care and emergency treatment to injuries incurred during any interscholastic or intramural activity.

(Print Athlete's Full Name)	(Grade)	Month ____ Day ____ Year ____ (Athlete's Date of Birth)	
(Athlete's Signature)	(Date)	(Cell Phone #)	(Home Phone #)
(Father's or Guardian's Signature)	(Date)	(Cell Phone #)	(Alternate Phone #)
(Mother's or Guardian's Signature)	(Date)	(Cell Phone #)	(Alternate Phone #)

**ECCHS Competitive Extracurricular Activity
Reasonable Suspicion Drug Testing
Permission Form**

I hereby give permission for the Elk County Catholic High School, and its selected testing laboratory, to perform drug and or alcohol screenings on my son/daughter as a result of reasonable suspicion during the sports/music season. I realize the purpose and ramifications of the testing and will follow the guidelines set forth for positive tests.

I understand that my son/daughter will not be punished by school suspension or expulsion for a positive test result. However, he/she may be suspended from participation in the athletic competition for various periods of time for a first, second, or third offense. I also understand that my son/daughter will be required to comply with specific guidelines for further athletic consideration as set forth in this policy.

I acknowledge that Elk County Catholic is committed to providing a safe, drug-free competitive extracurricular program. We appreciate this commitment, and pledge our support, encouragement, and cooperation. The cost of the test and, if necessary, the drug and alcohol evaluation, will be covered by Elk County Catholic High School. Re-tests and testing to return to athletic competition is at the expense of the parents. All test results will be maintained in a confidential manner.

Parent/Guardian Signature

Date

As a student athlete I agree to participate in the drug testing program. I have read and understand the information provided in this permission to test form.

Student Signature

Date

Student's Printed Name