



Providence Catholic High School

1800 W. Lincoln Hwy.
New Lenox, IL 60451
815.485.2136

Parent & Student Contract for Athletic Participation & for IMPACT (Immediate Post Concussion Assessments & Cognitive Testing)

Student Name: _____

Parent/Guardian: _____

Sport (or all sports): _____

Permission. I hereby request Providence Catholic High School to grant permission to my above named student to participate in Providence Catholic High School athletics. I understand that I am entering into a voluntary contract between myself, the parent or guardian of a Providence Catholic student, and Providence Catholic High School for participation in school sponsored athletic activities.

Cooperation. I agree to cooperate with and support the rules and regulations of Providence Catholic High School, of the Providence Catholic Athletic Department, and to be governed by these and other rules and regulations as announced to me by Providence Catholic, or as published in the Student/Parent Handbook, the Athletic Department Handbook, and as published by the school administration. I understand that I must be familiar with and accountable for these rules and regulations and the policies and procedures which govern participation in athletics representing Providence Catholic High School.

Responsibilities. As a parent of a Providence Catholic athletic participant, my student and I understand our responsibility and obligation to see that my student fulfills his/her religious and academic responsibilities including schoolwork and homework assignments. As a player, my student understands that he/she must conduct himself/herself as a committed Christian in school, outside of school, and in particular in any activity involving athletic competition representing Providence Catholic. My student agrees to be bound by the rules and regulations regarding athletics and athletic eligibility and to submit himself/herself voluntarily to the application of the rules. I further agree that as an adult I will conduct myself in a responsible and mature Christian manner at all times at all practices and games, and that I will show respect for authority, and will engage in no activity or conduct which is in any way disrespectful, combative or confrontational, or question the jurisdiction of the school administration, coach, officials or anyone connected with the conduct of Providence Catholic Athletics.

Concussion. I agree and understand that Providence Catholic has implemented a program to safeguard student athletes from traumatic brain concussions. I agree that my student athlete will take a computerized examination before the season begins to obtain baseline data for future comparison, if he/she should suffer a concussion or be suspected of suffering a concussion. I understand that before the student will be allowed to participate in athletics again, a satisfactory result must be obtained from a repeated concussion assessment and cognitive testing experience which will be compared with the original baseline test data. A final determination to play following a possible concussion will be made by the athletic trainer at Providence Catholic High School, who may consult with a neurologist/neurosurgeon to reach a decision. Providence Catholic High School reserves the right to not allow student athletes to participate in sports if concussion or brain injury is suspected.

Injury Report. If my student is injured during practice or a game situation, I understand that a report must be made by my student's coach within twenty-four hours of the occurrence. If I do not receive accident forms within five days I should call the school main office at 815.485.2136. I understand that Providence Catholic provides only supplemental medical insurance to my student, and it will be applied only after my personal health provider's benefits have been exhausted. It is my responsibility to check with my provider to see what medical and rehabilitation services will be covered. I understand that Providence Catholic High School is not responsible for any medical bills that may be incurred. I understand that Providence Catholic recommends the use of the Newsome Physical Therapy Network (NPTN) for treatment and rehabilitation of student athletic injuries.

Transportation. I agree and understand that Providence Catholic may arrange for transportation to away athletic contests, and that all team members, managers, and coaches will travel from the school to away events on a Providence Catholic school bus, and are expected to return on the same school bus to the campus. Student athletes will be permitted to rise home with the parent or guardian only if they have their coach's permission and have signed out with that coach.

Equipment. My student and I understand that we are responsible for all equipment and game uniforms issued to my student. I will see to it that my student returns all equipment washed and cleaned as soon as the season is completed to Providence Catholic.

As player and parent we acknowledge that a violation of the rules and regulations may result in the forfeiture of the ability to participate in athletics representing Providence Catholic High School.

Our signatures mean that we understand and accept these conditions for the participation of our student and family, which are binding through our students graduation from Providence Catholic High School.

Student's Name: _____

Student's Signature: _____

Parent's Name: _____

Parent's Signature: _____

Emergency Phone #: _____
(NAME) (NUMBER)