



Cardinal O'Hara

HIGH SCHOOL

DEPARTMENT OF HEALTH, PHYSICAL EDUCATION AND ATHLETICS

With the knowledge that the school will take all ordinary precautions to avoid injury, but that it will not be held responsible or liable for any injuries that may be incurred during said season.

I hereby grant _____ permission to participate in
(Student's Name)

(Sport)

(Grade)

Parent/Guardian Signature _____

Date _____

PERMISSION FOR MEDICAL TREATMENT:

In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian in order to receive authorization before any treatment or hospitalization is undertaken. I hereby grant permission for a physician or hospital personnel designated by a Cardinal O'Hara High School designee, to attend to my son/daughter.

Parent/Guardian _____ Date _____

Home Phone _____ Business Phone _____ Emergency Phone _____

Preferred Hospital _____ Physician's Name _____

INTERSCHOLASTIC ATHLETIC REGULATIONS:

In order to participate in interscholastic athletics, the student must:

- Maintain scholastic and behavioral standards as defined in the COHS Student/Parent Handbook & Athletic Handbook
- Abstain from the use of drugs, tobacco, alcohol, vaping, etc.
- Conform to other trainings as defined by the Coach
- Be a good citizen at all times
- Shall be financially responsible for all supplies and equipment issued to him/her

An athlete shall be suspended from the team for violation of any of the above regulations. I am aware that participating in any sport can be a dangerous activity and could result in serious injury. Because of the dangers, I recognize the importance of following coach's instructions regarding all parts of training and play.

I am familiar with these regulations and agree to abide by them.

Parent/Guardian Signature _____ Student Signature _____

Any health conditions and/or allergies Cardinal O'Hara High School should be aware of:

1. _____
2. _____
3. _____

PERMISSION:

We understand clearly that the questions are asked in order to decide if this student is in proper condition to participate in the athletic activity named at the top of this form. The answers are correct as of the date of this form.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____