THIS FORM MUST BE ON FILE BEFORE STUDENT/ATHLETE MAY PRACTICE OR PARTICIPATE IN GAMES

Name of Student-_____ Grade-_____

2026-2027 Athletic Consent Form

Mandatory Consent for Participating in Athletics as Scecina Memorial High School - Read the following. Parent or Guardian must sign for Student to participate in athletics at Scecina Memorial High School.

As the parent or legal guardian for the student listed above, I do hereby consent to the student receiving athletic training services from Franciscan Sports Medicine. I understand that during these services certain health information related to Student's athletic training services might be used and/or disclosed for treatment, payment, or healthcare operations purposes, or as otherwise required by law. I further consent to certain health information being disclosed to school personnel, including but not limited to, coaches, school administration, and/or staff, as necessary. I understand this consent is subject to my revocation at any time, except to the extent that action has been taken in reliance on this consent. Otherwise, this consent shall expire at the end of the school year or the student's current athletic season, whichever is later.

I also give permission to the Scecina Athletic Trainer to administer Tylenol, Advil, and Aleve. I concur that the above-named student is not allergic to any of the above-mentioned medicines.

I/we have read and discussed the information in the SMHS Athletic Handbook and know, understand, agree with and voluntarily assent to comply with the rules as stated.

I /we agree to pay for any materials that the student listed above receives as part of a team kit. I also agree to pay for any equipment or uniform that I, the parent or guardian, request to be purchased for the student.

I/we agree to provide transportation for the student listed above, to and from practice and home contests when practice facilities or home contest facilities, are off Scecina Memorial High School grounds.

I/we consent to the disclosure by SMHS to the IHSAA of all required, detailed student-related financial, scholastic, and attendance records of the school, unless the student is emancipated, in which event the student shall give such consent.

I/we authorize SMHS to investigate and obtain information from law enforcement officials, the probation department, or any other source regarding events leading up to an arrest or filing of charges for an act, which would violate the rules of the SMHS Athletic Handbook.

I/we acknowledge that the participant is assuming a certain risk of being injured and that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are a possibility in organized athletics.

I give permission to Scecina Memorial High School, for the students listed above, to use their name and picture(s) on the school website and other publications that Scecina Memorial High School may produce or contribute to.

I give permission for the student listed above to ride to and from an athletic contest, with a Scecina Memorial High School Employee, in a non-Scecina Memorial High School vehicle, if needed. (This will only be done if school owned vehicles are not available)

_____ _____

Signature of Parent and Guardian Signature of Athlete

_____ _____

Date Date