

Bishop John J. Snyder Catholic High School
Student Athlete Participation Application
2018-2019

This application is effective from the date indicated on the form until the end of the current school year. This application must be on file in the office of the Athletic Director prior to participating in tryouts, conditioning, practices, or competition.

Student Athlete's Last Name _____ First _____ MI _____ Social Security # _____

STUDENT ATHLETE'S COMMITMENT: This application to compete in interscholastic athletics for Bishop John J. Snyder Catholic High School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations.

X _____
Signature of Student Athlete _____ Date _____

PERMISSION OF PARENT OR GUARDIAN: I hereby request that the above-named student athlete be allowed to engage in school-approved athletic activities as a representative of Bishop John J. Snyder Catholic High School. I hereby agree to release and discharge the Diocese of St. Augustine, Bishop Felipe J. Estevez, Bishop John J. Snyder Catholic High School, its agents and employees exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during athletic activities or in transit to and from athletic activities.

X _____
Signature of Parent/Guardian _____ Date _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

MEDICAL CONDITIONS: Please indicate any existing medical conditions that emergency personnel should be aware of (allergies, medications, and medical conditions):

INSURANCE: My child is covered by insurance with _____
Insurance Company _____ Policy # _____

MEDICAL RELEASE: Sign this section only in the presence of a notary public.

The student athlete and parent guardian, whose signatures appear below, do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his/her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedure which may now or during the course of the student athlete's care be deemed advisable and necessary. This form will be used only in case of emergencies and after every reasonable effort is made to contact parent/guardian prior to admitting the student athlete for necessary treatment. Consent is also given for release of information for insurance purposes, and I submit authorization for responsible third party to pay directly to the treating hospital insurance benefits due me for services rendered.

HIPPA CONSENT/AUTHORIZATION: I hereby authorize the physicians, athletic trainers, sports medicine staff and other health-care personnel representing _____ to release information regarding my student athlete's protected health information and regarding any injury or illness during training for and participation in athletics at Bishop John J. Snyder Catholic High School. This information is only to be used for the betterment of the student athlete and can only be shared with a coach, athletic director, or school official in connection with participation in the interscholastic sports. This protected health information may concern the student athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected information may be released to other health care providers, hospital and/or medical clinics and laboratories, chaplains and/or clergy members who are related to the student athlete's participation in Bishop John J. Snyder Catholic High School Athletics.

I, _____, parent or guardian of _____, understand that authorization/consent for the disclosure of the student athlete's protected health information is a condition for participation as an interscholastic athlete at Bishop John J. Snyder Catholic High School for the purpose of the undersigned student athlete to participate in interscholastic sports. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. This authorization/consent **expires** on the last day of school 2019.

BOTH SIGNATURES REQUIRED IN THE PRESENCE OF NOTARY PUBLIC

X _____
Signature of Student Athlete _____

X _____
Signature of Parent/Guardian _____

STATE OF FLORIDA, COUNTY OF DUVAL
Before me personally appeared _____
and _____ known to be the
persons described and who executed the foregoing
information and who acknowledged to and before
me that said information is for the purposes
described.

Street Address (if different from above) _____ Emergency phone _____ *Notary Public, State of Florida at Large* _____

Family Physician _____ Emergency phone _____ Date _____ **SEAL**

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ACKNOWLEDGEMENT OF DANGER BY STUDENT ATHLETE

I, _____, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Bishop John J. Snyder Catholic High School that by participating in any sport or athletic event, I may suffer serious injury, including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in athletics. I hereby acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in any sport.

X _____ X _____
Signature of Student Athlete Date *Signature of Parent/Guardian* Date

ACKNOWLEDGEMENT OF DANGER BY PARENT/GUARDIAN

I, the parent/guardian of _____, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Bishop John J. Snyder Catholic High School that my child named above may suffer serious injury including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my child's limbs; brain damage; paralysis; or even death by participating in any sports. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above, I hereby request that _____ be allowed to participate in the above sport(s).

X _____ X _____
Signature of Parent/Guardian Date *Signature of Witness* Date

TRANSPORTATION TO AND FROM ATHLETIC EVENTS: If selected for participation on a team, the parent/guardian and student acknowledge and understand that many of the required events take place away from the Bishop Snyder High School campus and that the student's presence will be required at such events. Bishop Snyder High School provides transportation to and/or from some, but not all, of its sporting events. At the beginning of the season, the parent/guardian will be informed of the availability of transportation, if any, for the games and events required by the student's sport. If transportation is not provided for any game or event, the parent/guardian and student understand and agree that it is their sole responsibility to provide transportation to and from the event and to arrive in a timely matter. If Bishop Snyder High School does provide transportation to an event or game, the parent and student understand that the student will be required to use that transportation to the game. Return transportation to BJS may also be provided and the parent/guardian agrees that it is in the sole discretion of Bishop Snyder High School coaches and administrators to determine whether or not students will be required to return via the provided transportation. Additionally, there may be times when Bishop Snyder High School may offer non-mandatory return transportation to BJS from a game. In those cases, the parent/guardian and student are required to notify the coach at least 24 hours in advance of the event of the means of transportation that will be used by the student to leave that event. Otherwise, the student will be required to return to BJS via the transportation provided. The parent/guardian hereby authorizes the student to sign out from the use of the return transportation, and understands that the BJS coaches and administrators will rely upon their student's representations in that regard when making arrangements for any return transportation. The parent/guardian and student do hereby release and hold harmless Bishop Snyder High School, its employees and agents, their personal representatives and assigns from any loss or damage due to any injury to the person or property of the student, or death, caused by negligence or otherwise, while the student is engaged in the event or while being transported by Bishop Snyder High School to or from the event. Furthermore, the parent/guardian understands that Bishop Snyder High School does not play any role in the organization of car pools to or from athletic events. Should the parent/guardian or student choose to participate in such a car pool, they do so on their own initiative and according to their own wishes.

X _____
Signature of Parent/Guardian Date

ACADEMIC ATHLETIC ELIGIBILITY: A student must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. FHSAA Bylaw 11.2

ATHLETIC CONDUCT POLICY: Students who participate in interscholastic athletics represent Bishop Snyder High School and are expected to conduct themselves in accordance with the Student Code of Conduct, as well as the rules and policies set forth by the Florida High School Athletic Association. Participation in interscholastic athletics is a privilege and should be regarded as such, therefore student-athletes are expected to exhibit the qualities of integrity, respect and sportsmanship at all times. The Code of Conduct applies to the student-athlete as a representative of Bishop Snyder High School and includes: practice, travel, games, pre and post-game conduct. Students who violate any part of the Code of Conduct or the FHSAA policies while representing Bishop Snyder High School will be subject to disciplinary action through the Office of the Dean of Students, as well as penalties handed down by the FHSAA. Any misconduct by a student-athlete resulting in a fine by the FHSAA will be paid for by the offending student or billed to his/her account.

UNSPORTSMANLIKE CONDUCT – FHSAA POLICY: A student-athlete who is disqualified (ejected) from a contest for unsportsmanlike conduct or a flagrant foul will be ineligible to compete for the remainder of that contest and in any interscholastic athletic contest for the next seven (7) calendar days at the same level, or any level, of participation in which the student-athlete was disqualified (ejected). If less than two (2) contests are scheduled during this seven-day period of time at the same level as disqualification (ejection), the student will be ineligible for the next game or a minimum of the next two (2) contests in all other sports. If the disqualification (ejection) occurs in the last contest of a season, the student will be ineligible for the same period of time as stated above in the next sport in which the student participates. A student-athlete who is disqualified (ejected) from a contest for any act of gross unsportsmanlike conduct, or a second or subsequent act of general unsportsmanlike conduct or flagrant foul, will be ineligible to compete in any interscholastic athletic contest for a period of up to six weeks. Acts constituting gross unsportsmanlike conduct are defined in FHSAA Bylaw 11.11.2

X _____
Student Signature *Parent Signature* *Parent Signature* Date