

**Decatur Catholic Athletics
Statements of Understanding**

Permission to Participate

I, the parent/guardian of the student-athlete (s) listed below, hereby give permission for my child(ren) to participate in athletics, as directed by the school/coach. I understand that there is an inherent risk of injury in sports.

_____ Parent/Guardian initials

Insurance Coverage

Our family has provided proof to the school office confirming that the student-athlete(s) are covered by medical insurance.

_____ Parent/Guardian initials

Pre-Participation Physical

Our family has provided a current certificate of physical fitness issued by a licensed physician, an advanced practice nurse or physician assistant dated within one year of participation. The preferred certificate of physical fitness is the IHSA's or IESA's "Pre-Participation Physical Examination Form," which is available at your medical practitioner's office or at www.decaturcatholicathletics.com (within the Forms & Resources link).

_____ Parent/Guardian initials

Codes of Conduct

Our family has read the Code of Conduct policy contained in the Decatur Catholic Athletic Handbook. We agree to abide by all School, Diocesan, and IESA conduct regulations as described in the Handbook. We are aware that the Handbook is accessible electronically at decaturcatholicathletics.com.

_____ Parent/Guardian initials

Concussion/ Brain Injury

Our family has read the Concussion Information Sheet issued by the IESA. This information sheet is accessible at www.decaturcatholicathletics.com (within the Sports Medicine link). It can also be accessed directly on the IESA website at www.iesa.org. A hard copy is available upon request. By signing this form, we acknowledge we have been provided information access regarding concussions and brain injuries.

_____ Parent/Guardian initials

General Acknowledgement

By signing this form, we acknowledge our family's awareness of all policies and procedures within the Decatur Catholic Athletic Handbook. The student-athlete (s) in the family will not be permitted to practice or play athletics until the Statements of Understanding form and all required documentation are completed and returned to the Athletic Director or home school.

If you have multiple student-athletes and/or have multiple sports being played, it is only necessary to complete this form once each academic year.

Parent/Guardian (Please Print): _____ Date _____

Parent/Guardian Signature: _____

Student (please print) _____

Grade: _____

Student (please print) _____

Grade: _____

Student (please print) _____

Grade: _____

Student (please print) _____

Grade: _____