

My child and I have read and understand the required forms referenced below which outline the expectations of participation in Athletics at St. Benedict. I also understand and will abide by the Student & Parent Codes of Conduct written and issued by the Archdiocese of Chicago. Please refer to previously provided forms for full explanation of each item below.

Student Parent
Initials Initials

_____ _____ **Concussion Information Sheet** – No athlete may return to any sporting event until cleared by a doctor in writing if there is a suspicion of a concussion or a concussion has been diagnosed.

_____ _____ **Social Media Conduct Acknowledgement** – I will not post comments, photos or videos deemed inappropriate to St. Benedict on any social media website. Respect is expected to be shown to teammates, coaches, staff and administrators.

_____ _____ **Student Code of Conduct** – All games will be played for the sake of the game. Good sportsmanship should be displayed at all times, regardless if we win or lose. Respect for the opposing team is expected. Teamwork, on and off the court/field, shall be demonstrated at all times. Respect to teammates, coaches, officials, their belongings, and schools/facilities is to be shown at all times.

_____ _____ **Parent/Guardian Code of Conduct** – Setting a positive role for all athletes and encouraging good sportsmanship is expected. Unsportsmanlike conduct, such as taunting, foul language, etc., towards any official, coach, player or parent will not be allowed by any parent or their guests(s). Please respect other teams and coaches.

_____ _____ **Child/Minor Acknowledgement** – St. Benedict School does not carry medical accident insurance for injuries sustained in its programs. Each person registering a child for a recreation program/ activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the school responsible for the payment of medical expenses. There are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which my child or I may sustain due to participation in activities connected with the Athletic program. I am responsible for the transportation of my child and from the event(s). While using my personal vehicle to and from parish/school activities, I acknowledge my auto insurance is primary.

Parent Signature

Athlete Signature

Date: _____

Date: _____