

**LINCOLN CATHOLIC ATHLETIC LEAGUE  
NORTH AMERICAN MARTYRS SCHOOL  
CONSENT FORM**

This form must be completed, signed, and returned prior to participation in the sports program. Student must have a current physical on file at North American Martyrs School to participate.

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate in the Lincoln Catholic Athletic League on the following team(s):

**CROSS COUNTRY    VOLLEYBALL    BASKETBALL    TRACK    GOLF**

We do assume all the risks and hazards incidental to the conduct of the activity, including practice and transportation to and from activities; and we do further release, absolve, indemnify, and hold harmless the Lincoln Catholic Athletic League and North American Martyrs School.

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Will participant be covered by medical insurance? **YES** \_\_\_\_ **NO** \_\_\_\_  
If yes, please list below:

**FAMILY POLICY** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**SPORTS UNIFORMS**

**Students in the sports program at North American Martyrs School will receive a sports jersey and shorts to be worn for games during the season. These jerseys were purchased by Martyrs PTO and are to be returned clean and in good condition at the end of each season. A replacement fee will be charged for lost jerseys or shorts; fee will be assessed for any damaged jerseys or shorts.**

**Students are to wear the uniform they are given through the entire season.**



Verification of Receipt of Concussion and Brain Injury Information

The undersigned hereby acknowledge and attest that North American Martyrs School provided them with concussion and brain-injury information prior to the student athlete listed below initiating practice or competition for any athletic activity during the 2017-18 school term. The undersigned further acknowledge and attest to their understanding that the information they have been provided pertains to requirements of state law – the Nebraska *Concussion Awareness Act* – and includes information about the signs and symptoms of a concussion; the risks posed by sustaining a concussion; the actions a student athlete should take in response to sustaining a concussion, including notification of his or her coach or coaches; and the conditions prescribed by law for returning to participation in athletic activities involving physical exertion.

---

**Signature of Student Athlete**

---

**Student Athlete's Name Printed**

Date \_\_\_\_\_

---

**Signature of Parent or Guardian**

---

**Parent's or Guardian's Name Printed**

Date \_\_\_\_\_