

**Central Catholic High School Athletic and Sporting Events  
Parental/Guardian Consent Form and Liability Waiver  
2017-2018 Academic Year**

Student Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex:      Male              Female

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

**Request for Permission**

As parent and/or legal guardian, I give permission for my son/daughter named above to participate in interscholastic athletics in the following sports during the 2017-2018 academic year (initial all that apply):

_____ Baseball	_____ Football	_____ Tennis
_____ Basketball	_____ Golf	_____ Track & Field
_____ Bass Fishing	_____ Soccer	_____ Volleyball
_____ Cheerleading	_____ Softball	_____ Other: _____
_____ Cross Country	_____ Swimming	_____ No Activities

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I am aware that participating in sports will involve travel to practices and games. I acknowledge and accept the risks involved with my child's travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child's participation have been answered.

In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Catholic Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation. Additionally, I give my consent and approval for my child's name and picture to be printed in any sports program, publication, or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school, and accept the responsibility that comes with being a parent/guardian of a student athlete.

**ATTACHMENT A  
PERMISSION FOR TRAVEL**

I give permission for my child, \_\_\_\_\_, to do one or more of the following: (Please print)

(Mark all that apply)

- \_\_\_\_ 1. Travel in school / Parish-approved transportation only.
- \_\_\_\_ 2. Drive his/her own car and NOT take any other students/minors.
- \_\_\_\_ 3. Drive his/her own car and take other students/minors and have provided proof of insurance coverage and valid driver's license to the school/Parish.
- \_\_\_\_ 4. Ride with another student/minor in that student/minor's car.
- \_\_\_\_ 5. Ride in the vehicle of another student/minor whose parents are driving.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT INFORMATION FOR COUNSELORS OFFICE

**Student's Name:** \_\_\_\_\_  
Please Print

**Parent's Name:** \_\_\_\_\_  
Please Print

**Date:** \_\_\_\_\_ **Graduation Year:**    2018    2019    2020    2021

In order to make sure we are current with what is occurring medically, emotionally, and educationally with your son or daughter, we are requesting that you furnish the following information to keep our records up-to-date. **PLEASE NOTE—THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

**Is your son/daughter presently taking any type of medication?** YES NO  
If yes, what medication?

What dosage does he/she take and how often?

**Is it necessary for your son/daughter to take medication during school hours?** YES NO  
(If the answer is yes, special forms must be obtained from the school and the medication must be left with the school secretary.)

**Has your son/daughter had any physical trauma or illness during the past year?** YES NO  
If yes, please explain:

**Does your son/daughter have any type of physical disability?** YES NO  
If yes, please explain:

**Does your son/daughter have a current IEP, Service Plan or 504 Plan?** YES NO  
If yes, please explain:

**What would you like your son/daughter's teachers to know that would aid his/her learning capabilities in the classroom?**

**Is there any other information that would be helpful for the school to know about your son/daughter?**

## **DRUG TESTING CONSENT FORM REQUIRED OF STUDENTS**

I have read the policy statement and administrative regulation regarding the mandatory screening for drug usage that is required of all students in attendance at Central Catholic High School. I understand that the school will request a hair sample from me for the purpose of this screening and I agree that I will submit a sample upon request at any time. I agree to the methodology being used for hair sampling and sharing the results with my parents, guardian and/or other appropriate persons referred to in the policy and administrative regulation. I further agree that the high school is not responsible if test results are erroneous and hereby release the high school and the Catholic Diocese of Peoria, their employees and agents, against any demands or claims of any type whatsoever (including the cost of attorney fees) asserted or based upon any liability arising in any way from or related in any way to the drug screening program, or any acts, errors or omissions relating thereto, by the student identified below whose attendance at the high school is conditioned upon execution of this consent.

I understand that failure to comply with this policy and administrative regulation in any part or in whole constitutes cause for immediate dismissal from the school.

I agree to abide by the terms mandated by this policy and administrative regulation if I test positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a substance abuse professional.

I fully understand that refusal to sign this consent form renders me ineligible for attendance at Central Catholic High School.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## **DRUG TESTING CONSENT FORM REQUIRED OF PARENTS**

I/We Have read the policy statement and administrative regulation regarding the mandatory screening for drug usage that is required of all students in attendance at Central Catholic High School. I/We understand that the school will request a hair sample of our son/daughter for the purpose of screening and I/We agree that our son/daughter will submit a sample upon request at any time. I/We agree to the methodology being used for hair sampling and sharing the results with appropriate persons referred to in the policy and administrative regulation. I/We further agree to defend and indemnify the high school and the Catholic Diocese of Peoria, their employees and agents, against any demands or claims of any type whatsoever (including the cost of attorney fees) asserted or based upon any liability arising in any way from or related in any way to the drug screening program, or any acts, errors or omissions relating thereto, by the student identified below whose attendance at the high school is conditioned upon the execution of this consent.

I/We understand that failure to comply with this policy and administrative regulation in any part or in whole constitutes cause for immediate dismissal from the school.

I/We agree to abide by the terms mandated by this policy and administrative regulation if our son/daughter tests positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a substance abuse professional. Furthermore, I/We agree to also cooperate with the particular plan of treatment or recovery that is recommended for our son/daughter.

I/We fully understand that refusal to sign this consent form renders our son/daughter ineligible for attendance at Central Catholic High School.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date



## Central Catholic High School Parking Registration

All students of driving age will be assessed an annual \$90.00 parking fee which will be billed to the student's FACTS account. The fee can be prorated throughout the year as the student receives his/her license. Please contact the office with any questions.

Students are not allowed to park in visitor or Faculty/Staff parking spaces without permission from the Administration.

Please complete and return this form to the office by Thursday, August 10, 2017, so that any adjustments can be made.

\_\_\_\_\_ My child \_\_\_\_\_ will not be driving to school.  
Please remove the parking fee from my FACTS account.

\_\_\_\_\_ My child \_\_\_\_\_ will not be driving to school until  
(date) \_\_\_\_\_. Please prorate my account.

\_\_\_\_\_ My child will be driving to school. Please bill my account \$90.00 for the 2017-2018  
school year.

Student Name: \_\_\_\_\_

Auto License Number: \_\_\_\_\_

Color/Make of car: \_\_\_\_\_

I, \_\_\_\_\_ have read the CCHS Student Parking Rules and agree to  
abide by them or lose my parking privileges.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

**Office Use:** Parking Permit Assigned # \_\_\_\_\_



## Central Catholic High School Student Parking Regulations

1. All students must complete and return the parking registration form by Thursday, August 10, 2017 indicating parking preference.
2. The fee for students parking at Central Catholic High School is \$90.00. A student receiving his/her license throughout the school year will be charged a prorated fee.
3. Each student must register a description of the car and license plate number. If for any reason a different family car is driven to school, the student must notify the office immediately upon arrival at school. All vehicles must have a parking permit hanging from the rear view mirror while parked in the CCHS parking lot.
4. For safety, a 10 MPH speed limit must be observed at all times and will be enforced.
5. Reckless driving in the parking lot can result in losing the privilege of parking for the remainder of the year. **NO REFUNDS WILL BE ISSUED.**
6. Periodic random checks will occur throughout the school year. Students found in violation of any parking regulations will be issued a detention, service work, or the student's vehicle may be towed at the owner's expense.

## Central Catholic High School Handbook

Dear Central Parent(s) and Students,

Thank you for choosing Central Catholic High School to meet your education needs. We appreciate the opportunity to provide you with a Catholic Faith-based curriculum and school setting.

We are providing you with a ***Parent/Student handbook online*** with rules, policies and expectations. Please know that you are responsible for reading the content within and we must have this signature statement returned by the end of the first week of school in order to continue attending classes. Thank you for your prompt attention.

We (guardian/parent(s)/student) have viewed and read the Central Catholic Parent/Student Handbook on the school website (under the "Student" tab at [www.blmcchs.org](http://www.blmcchs.org)). We understand the content within and agree to abide by the policies, rules, standards, and expectations outlined within.

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**Signature of Parent/Guardian**

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**Signature of Parent/Guardian**

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**Student Signature**

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**Printed name of Student**

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**Date**

