



**SECONDARY SPORTS INFORMATION AND CONSENT FORM**

**GENERAL INFORMATION**

Athlete's Name: \_\_\_\_\_ Gender: **M / F** Current Grade: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Relation \_\_\_\_\_ Evening Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Relation \_\_\_\_\_ Evening Phone \_\_\_\_\_

In case of an Emergency (when parents cannot be contacted) notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Are you living with: both parent(s) [ ] one parent (mom/dad) [ ] legal guardian(s) [ ]

Are you transferring into CVCS [ ] Yes [ ] No

If yes, when will you transfer? \_\_\_\_\_ Previous school: \_\_\_\_\_

Please list the sports/activities in which you participated (at ANY level) in your previous school:

\_\_\_\_\_

**INSURANCE INFORMATION**

Is your athlete covered by a family health insurance policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Primary Insurance Company \_\_\_\_\_ Whose Name is policy under? \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**\*\*FILL THIS SECTION BELOW IF WAIVING INSURANCE AND TAKING FULL RESPONSIBILITY FOR ATHLETE\*\***

I \_\_\_\_\_, understand and accept any and all medical expenses that may be incurred  
(Parent/Guardian)

due to possible injury(ies) sustained while participating in any school-sanctioned activity. The following waiver will cover the \_\_\_\_\_ school year. My child will participate in the following sports during the above school year. (Please list each sport in the spaces provided below.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

This includes all practices, travel and game situation during the entire year (from August 1<sup>st</sup> until July 31<sup>st</sup> of the following year). I also understand that individual insurance policies are available which I have chosen not to purchase for my child at this time.

\_\_\_\_\_  
(Student athlete signature) Date: \_\_\_\_\_ (Parent/Guardian signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(CVCS Activities Director Signature) Date: \_\_\_\_\_

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## CONCUSSION EDUCATION

To comply with Idaho concussion Law House Bill 632, please visit the following online sites for concussion recognition/management materials and resources. <http://legislature.idaho.gov/legislation/2012/H0632.pdf>

<http://idhsaa.org/concussions/default.asp>

[http://idhsaa.org/concussions/report/FactSheets\\_parents.pdf](http://idhsaa.org/concussions/report/FactSheets_parents.pdf)

[www.cdc.gov/concussion](http://www.cdc.gov/concussion)

<http://nfhslearn.com/electiveDetail.aspx?courseID=38000>

Parent/Guardian, please initial below to indicate that you have familiarized yourself and your child with the proper diagnosis and handling of concussions in sports: **Parent/Guardian Initial:** \_\_\_\_\_

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## CONCUSSION BASELINE TESTING CONSENT

I understand that Cole Valley Christian Schools is participating in the ImPACT concussion management program. I have reviewed the website information provided in the link below and agree to have my child participate in the ImPACT program. <http://www.impacttest.com/about/>

Printed Name of Athlete: \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## DRUG TESTING CONSENT

We, the undersigned Parent/Guardian, recognizing that Cole Valley Christian School is committed to protecting its students from the harmful effects of substance abuse, hereby agree to accept and abide by the standards, policies, and regulations as set forth in the [CVCS Drug Testing Policy](http://www.colevalleychristian.org/athletics/handbook) as found at [www.colevalleychristian.org/athletics/handbook](http://www.colevalleychristian.org/athletics/handbook).

We authorize Cole Valley Christian Schools to conduct random drug testing of urine specimens that our student provides, to test for illegal drugs and/or alcohol use. We also authorize the release of information concerning the results of such test to the CVCS administration as deemed appropriate. We understand that additional laboratory testing resulting from a second positive test will be completed at the expense of the student's family.

Student Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Student's Name (please print) Parent/Guardian Signature

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## PARTICIPATION CONSENT

- I hereby consent to the above named student-athlete participating in the interscholastic athletic program at Cole Valley Christian School. This consent includes travel to and from athletic contests and practice sessions.
- I hereby give consent to the coaching staff, trainer(s), and team doctor(s) to apply first aid treatment for an injury or injuries sustained during practice or games in interscholastic athletics sanctioned by Cole Valley Christian School, until the parents/guardians can be contacted.
- I hereby consent that in case the parents/guardians can't be reached, the coaching staff, trainer(s), and team doctor(s) may secure emergency medical services, if needed, as a result of an injury during participation in sanctioned practices/games scheduled by Cole Valley Christian School.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

My participation in interscholastic athletics at Cole Valley Christian School is entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulation of the IHSAA and Cole Valley Christian School.

**Signature of Athlete** \_\_\_\_\_ **Date** \_\_\_\_\_