

**Bishop Machebeuf High School**  
*Athletic Participation Form*

**Parent Permission to Participate/Liability Release**

**Warning: By its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long-term catastrophic.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems with their coaches, follow a proper conditioning program and inspect their own equipment. By signing this permission form, we acknowledge that we have read and understood its content. Parents or students who do not wish to accept the risks described in this warning are not to sign this form and cannot participate in any interscholastic sports.

I hereby give my consent for \_\_\_\_\_ (“Student”) to participate during the \_\_\_\_\_ school year in any of the interscholastic sports offered by Bishop Machebeuf High School.

The undersigned do hereby release, forever discharge and agree to hold Bishop Machebeuf High School and the Archdiocese of Denver harmless against any and all liability, claims, demands, lawsuits and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the Student.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Athletic/Activity Insurance Waiver**

I understand that the Archdiocese of Denver and Bishop Machebeuf High School does not provide accident insurance for students participating in school sports or any other school activity. *Please check one of the following:*

\_\_\_\_\_ I have accident insurance coverage of my own.

\_\_\_\_\_ I have been informed of and have  purchased  not purchased accident insurance coverage through the optional program offered by UnitedHealthcare Student Accident Insurance.

\_\_\_\_\_ I do not have insurance and I will assume responsibility for payment of expenses incurred in school sports or any other activity.

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

**Travel and Overnight Stay**

During the season or the playoffs, teams may have games that require travel and an overnight stay. This release covers any/all day/overnight trips required during the athletic season.

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

**Athletic Code of Conduct**

This agreement is between Bishop Machebeuf High School students, parents and/or guardians and Bishop Machebeuf High School. It is valid for the students and parents/guardians for the entire school year while enrolled at BMHS—including the summer following. *The spirit of the code of conduct is that students, parents and fans represent BMHS at all athletic events and behavior should reflect that we treat other people with dignity and respect and anything less is unacceptable.*

As a student and/or athlete representing Bishop Machebeuf High School, I will always be respectful of coaches, fellow students, fellow athletes, officials and parents/guardians, and will conduct myself in the true spirit of sportsmanship. In the event that I break this pledge, I understand that my privilege of being allowed to participate as an athlete or as a spectator may be revoked at the discretion of the Athletic Director’s office and BMHS administration.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a parent/guardian of Bishop Machebeuf High School, I pledge to respect the policies of the coaches and not criticize their decisions regarding players and playing time. I also pledge to treat students, players, officials and other parents/guardians with respect and to always conduct myself in the true spirit of sportsmanship. In the event I break this pledge, I understand that my privilege of being allowed to participate as a spectator may be revoked at the discretion of the Athletic Director’s office and BMHS administration.

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