

## TRANSPORTATION AND EQUIPMENT

(Print Parent or Guardian name) I \_\_\_\_\_, as of the date indicated DO by my initials in boxes and my signature at the bottom express my wishes and instructions to the coaches and administration of Bishop McGuinness Catholic High School for my son/daughter named (print) \_\_\_\_\_ born on \_\_\_\_\_ for their participation in interscholastic athletics.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>1 Named student has approval to participate and play at home or away from home on athletic teams of Bishop McGuinness Catholic High School to be transported under arrangements designated by the head coach of that sport. (Exceptions:)</p>   |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>2 I understand and realize that in cases of injury while participating in school athletics at Bishop McGuinness Catholic High School and the Archdiocese of OKC and coaches and support staff are not legally liable for such injury or expense of the incident related thereto. Furthermore, that injuries incurred by named student during transportation to and from athletic events is the legal liability of the driver and/or owner of the vehicle carrying named student. Bishop McGuinness Catholic High School and the Archdiocese of OKC and their employees accept no liability for injuries or any associated expenses.</p> |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>3 Named student is covered by medical insurance for injuries through either a family plan _____ or independent insurance _____. Plan information is detailed on the medical information form.</p>   |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>4 Permission is granted for school employees to secure medical services for the above named athlete if it is deemed necessary in case of emergency - following the instructions on the medical information form on file.</p>  |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>5 As required, named student and parent or legal guardian have read and understand the Athletic Student/Parent handbook.</p>  |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>6 Permission is granted to leave the school campus as deemed necessary by Bishop McGuinness Catholic High School when early release due to athletics is necessary.</p>  |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>7 Permission is granted named student to drive his or her own car to an athletic event. (Exceptions: _____)</p>   |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>8 Permission is granted named student driver to transport other students to athletic events. (Exceptions: _____)</p>  |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>9 Permission is granted named student to ride with a student driver to athletic events. (Exceptions: _____)</p>   |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>10 Permission is granted named student to ride in coaches' vehicle to athletic events. (Exceptions: _____)</p>  |
| <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> No<br><br><input type="checkbox"/> No | <p>11 Permission is granted named student to ride with other parents and guardians to athletic events. (Exceptions: _____)</p>   |

**PARENT AND STUDENT SIGNATURE REQUIRED**

I, by my signature on the date indicated request that my son/daughter fall under the above-initialed decisions and accept shared responsibility for all issued equipment and its safe return. Further, as parent and/or legal guardian, remain legally responsible for any personal actions taken by the above named student. I agree on behalf of myself, my student named herein, or our heirs, successors, and assigns, to hold harmless and defend Bishop McGuinness Catholic High School, its officers, directors and agents, and the Archdiocese of OKC, coaches, or representatives associated with the event, arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Archdiocese of OKC, coaches or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

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

I, the above named student, have full knowledge of the information presented and agreement with and understanding of my parent's or legal guardian's decisions and furthermore I agree to be responsible for safe return or replacement of all athletic equipment issued by the school to me.

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