
TRINITY ACADEMY ATHLETICS MEDICAL RELEASE FORM



2017-2018 ACADEMIC SEASON

****To be completed and returned if your child plans to participate in any Trinity Academy Sports Program for the 2017/2018 School Year****

Player Name: _____ Date of Birth: _____ Grade: _____

I am the parent/legal guardian of the above named player (print parent/legal guardian name)

and I give permission for him/her to participate in any of the Trinity Academy Sports Programs (Baseball/Softball, Soccer, Basketball) offered during the 2017/2018 school year. I understand the risk of injury associated with playing these sports and agree that in the event that my child should suffer an injury of any sort while participating in any of the Trinity Academy Sports Programs for 2017/2018 (unless such injury is caused by intentional or gross negligent conduct), I agree to hold harmless and not pursue and legal claims against Trinity Academy, the sponsoring parishes, the school group sponsoring this activity, The Archdiocese of Newark, or any of said groups' agents, servants or employees including coaches, trainers and volunteers. Furthermore, I hereby certify that the above named child is not currently under a physician's care for any medical condition and that he/she is medically able to participate in any school sponsored Sports Program or that my child is currently under a physician's care for:

_____ but is still medically able to participate.

At this time, please also list any allergies of the above named child: _____.

If my child should require minor emergency medical care while participating in any Trinity Academy Sports Program this year, I hereby give my permission to administer the necessary care. In the event of serious accident or illness, I hereby give my permission for my child to be transported to a hospital and for the hospital to administer the appropriate medical care.

In the event that I wish to volunteer my time and expertise to any of the Trinity Academy Sports Programs, I verify that I have taken and completed the Protecting God's Children (PGC) course in accordance with the Archdiocese requirement. I also verify that I am CPR certified in accordance with State Law (copies will be required).

Name of Certified Volunteer(s): _____

Month/Year Course Completion for PGC and CPR: _____

CODE OF CONDUCT CERTIFICATION (attached)

I hereby certify that I have read and agree with the terms of the Parents' Code of Ethics and that I have reviewed the Uniform Code of Conduct with the above named child and that he/she and I agree with its terms.

I have read all the above information and agree to all as detailed. The information provided is truthful as it pertains to my child.

Name of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____ Date: _____

If you have any questions or need additional information, please contact Mike LaTorraca, Athletic Director at: mlatorraca@trinityhsa.com.

TRINITY ACADEMY ATHLETICS
Trinity Academy
SAINTS
CODE OF CONDUCT

We hereby pledge to provide **support, care and encouragement at all times** for our child participating in youth sports by following the Code of Ethics.

We will encourage **good sportsmanship** by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sport events.

We will place the emotional and physical **well-being of our child ahead of any personal desire to win.**

We will insist that our child play in a **safe and healthy environment.**

We will provide support for coaches and officials working with our child to provide a **positive, enjoyable experience** for all.

We will demand a **drug, alcohol, and tobacco free sports environment** for our child and agree to assist by refraining from their use at all youth sports events.

We will remember that **the game is for the children** and not for the adults.

We will do our very best to **make youth sports fun** for our child.

We will ask our child to **treat other players, coaches, fans, and officials with respect**, regardless of race, sex, creed, national origin, handicap, personal background, or ability.

We will promise to **help our child enjoy the youth sports experience** within our personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever we are capable of doing.



Uniform Code of Conduct

I hereby request the privilege of playing on a Trinity Academy Sports team. As a member of the interscholastic team, I agree to the following conditions for participants:

1. I will safeguard and properly care for all equipment issued to me. I understand that I am financially responsible for this equipment.
2. I understand that my academic commitments have the highest priority and I will make every effort to maintain a good scholastic record.
3. I will follow the training rules and practice schedules that are established by the coach. I will also follow the "Code of Conduct" established by Trinity Academy Athletics.
4. I will adhere to the eligibility standards as established by the league in which Trinity Academy participates.
5. I will conduct myself on and off the playing field so as to bring credit upon myself, my team, and Trinity Academy.
6. I understand that I may not participate in any practice or competition during the period of any school suspension or detention.
7. **Zero Tolerance Policy For Athletes** – I am fully aware of the dangers and illegalities inherent with drugs, alcohol, and any form of tobacco. I will not use, sell, distribute, or be in possession of alcohol, drugs, or tobacco at any time. I understand that the violations of the agreement will result in the following penalty:
IMMEDIATE FORFEITURE OF ALL PRIVILEGES OF REPRESENTING TRINITY ACADEMY IN ANY ATHLETIC COMPETITION FOR THE REMAINDER OF MY SCHOLASTIC CAREER AT TRINITY ACADEMY.

Adapted from the National Sports Coaches Association