

Student Athlete's Printed Name		Date of Commitment	
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NDPA Student and Parental Disclosure and Consent Form

This form needs to be filled out by a student athlete each school year. Physical Evaluations are valid for 365 days. By signing the signature page, you agree to abide by the standards and policies described in the Athletic Form.

Student Statement

By signing below I acknowledge:

- This application to compete in athletics for North Davis Preparatory Academy (NDPA) is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of NDPA.
- It is my responsibility to report to my coaches and parent(s)/guardian(s) any illness or injury I experience.
- I have read, understand, and agree to abide by the Athletic Form and the Concussion and Head Injury Policy and Procedures. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Student Athlete's Signature	
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PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the physical forms.

- Is the student covered by health/accident insurance? Please circle one: YES NO
 - Name of health insurance provider: _____

Parent of Guardian Statement of Permission, Approval, and Acknowledgement:

By signing below, I the parent or legal guardian of the above named student do:

- Hereby consent to the above named participation in the athletic program at NDPA. This consent includes arranging travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.
- Acknowledge and give consent that a copy of this form will remain on file in the school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.
- Hereby acknowledge having been made aware of the signs, symptoms, and risks of sports related concussion.

Student Athlete's Parent or Guardian Signature		Date	
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