

_____ **CONSENT TO PARTICIPATE**

This form is being signed voluntarily by me, indicating my agreement to participate in athletics; I do not give up any of my legal rights by signing this consent form. I hereby release Duchesne Academy and all its agents from all claims due to injuries/accidents which may be sustained while attending and participating in Duchesne Athletics. I understand the risks associated with athletic participation as outlined here: <https://nsaahome.org/textfile/spmeds/consentform.pdf>

_____ **PERMISSION TO TREAT**

I give Duchesne’s Certified Athletic Trainer permission to treat my daughter for any injury she sustains while participating in interscholastic sports for Duchesne Academy.

_____ **ATHLETIC HANDBOOK ACKNOWLEDGEMENT**

The Athletic Handbook includes policies, guidelines and expectations regarding student-athletes who participate in the athletic program at Duchesne Academy. The handbook is at <http://www.duchesneacademy.org/athletics/athletic-handbook/> I have read through the handbook and I am aware of and agree to my responsibilities as a student, parent, or guardian during the athletic season at Duchesne.

_____ **CONCUSSION PROTOCOL ACKNOWLEDGEMENT**

I have read the Concussion Protocol and I am aware of and agree to my responsibilities as a student, parent, or guardian to follow the POST-CONCUSSION PROCEDURES and the FUNCTIONAL PROGRESSION PROGRAM within the Protocol as administered and released solely by Duchesne’s Athletic Trainer. Reference the Concussion Protocol at <http://duchesneacademy.org/athletics/concussion-information/>

Student Name

Student Signature

Parent or Legal Guardian Signature

Date