

**Saint Mary's Catholic School Athletics  
Signature Page**

**MISSION STATEMENT and CODE OF CONDUCT**

**Student-Athlete Pledge**

As a student-athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of the Middle School Athletic Program, and hereby accept the responsibility and privilege of representing my school and community as a student-athlete.

**Conduct Guidelines**

- Follow the sportsmanship guidelines
- Be respectful by using appropriate language
- Treat everyone fairly
- Treat everyone with dignity and respect
- Avoid all drugs including alcohol
- Arrive on time for all practices, meetings, and contests
- Play by the rules, demonstrating and encouraging good sportsmanship
- Represent your school and self in a manner that reflects self-control
- Comply with all school and team rules and policies
- Report any injury or aggravating condition to the coach



\_\_\_\_\_  
**Print Student Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Parent/Guardian of Student-Athlete Pledge**

As a parent/guardian, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support staff. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school system. I will follow the sportsmanship guidelines as listed above. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent/guardian of a student athlete.

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**CONCUSSION and SUDDEN CARDIAC ARREST  
ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENT ATHLETES**

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

Signature of Student Athlete	Date

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

Signature of Parent or Guardian	Date