

Newman Catholic Football Release - If you are going to participate in football and/or the camp this fall, please fill in the following form and mail / drop off to either the school or to Mike Dirksen, **due August 1**, see addresses below.

Health and Injury information form - PLEASE PRINT

Student's name (Last, First, MI) _____ Today's Date: _____

Grade: _____ Date of Birth: _____ Height: _____ Weight: _____ T-Shirt size: _____

Student's Cell: _____ Student's Email: _____

Father's name: _____ Contact information: _____

Mother's name: _____ Contact information: _____

In case of emergency, when parent/guardian cannot be notified, please contact:

_____ Relationship _____ Phone: _____

_____ Relationship _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance Co. _____ Policy #: _____

Date of last tetanus immunization (month/year): _____

Do you wear: Glasses ___yes ___no / Contacts ___yes ___no / Dentures ___yes ___no

Any serious medical conditions, known allergies, drug reactions, or other pertinent medical information (i.e. diabetes, asthma, epilepsy, seizures, head injury, etc.), use back if necessary:

Medications currently taken and for what condition, use back if necessary:

Current athletic injuries that may affect participation and who are you seeing concerning the injury, use back if necessary:

Release and Medical Authorization for Football

We realize that football is a contact sport and that insurance is our (parent and athlete's) responsibility. Newman and the state of Iowa have eligibility codes that are covered at the beginning of the season or school year. We realize that these exist. We are also aware that a physical exam must be performed every year and a form filed with the school. Iowa law requires a parent's, or legal guardian's written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury. As the parent(s), or legal guardian(s) of the child named above, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us). I(we) hereby assume all risks of camp activity (including property loss or damage, personal injury and death) that may result from any sports camp activity. As parent/guardian, I agree to indemnify, defend and hold harmless Newman Catholic Schools, Newman Football Camp and their coaches, employees, agents, instructors, and all participants in the camp program from and against all liability, including claims and suits at law or inequity, for injury, fatal or otherwise, and property loss and damage which may result from any negligence and/or the student taking part in the camp/football activities.

Concussion Information, Please Review:

http://www.iahsaa.org/wp-content/uploads/2013/08/HEADS_UP_CONCUSSION_FACT_SHEET_0530121.pdf

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student signature _____ Date _____
Parent/guardian signature

Mike Dirksen, 2 Field Rd., Mason City

Newman Catholic Schools c/o Dirksen, 2445 19th St. SW., Mason City

- If attending the JH Football Camp, include the \$30 camp fee.
- If 9-12 player attending camp at Okoboji, include \$145 camp fee.

Also turn in signed Concussion Form for the school records