

**St. Patrick School
Athletic Program
Consent Form**

1. I hereby give permission for my child to engage in sports at St. Patrick School
2. I am familiar with the common hazards of sports and fully understand the dangers associated with them. I hereby release and discharge St. Patrick School and the sports league, its agents, employees, and officers from all liability whatsoever for personal injuries or damage to property arising out of the sports activities on the premises at school or at any other location where games or practices are conducted, or in transportation to or from contests at other locations.
3. I understand that I am responsible for all equipment and uniforms issued to my child. I personally guarantee to return equipment and uniforms at the end of the season and to make restitution for any undue damage or loss of equipment or uniforms.
4. I understand it is my responsibility to provide medical insurance for my child in case of injury. St. Patrick School or any of its agents or coaches will not be responsible for medical bills incurred due to injury to my child.
My child is presently covered by:
Name of Insurance Company _____
Contract # _____
5. I understand that my child will not be allowed to practice with an athletic team unless this form is signed and filed in the school office.
6. In the event that my child is injured and I can not be contacted, I do hereby consent in advance to emergency medical care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care.

Child's Name: _____

Parents Name _____

Signature of Parent/Guardian

Date

St. Patrick School Date _____
Athletic Physical and Parental Consent Form

PART 1: STUDENT INFORMATION To be completed by parent/guardian

Student's name _____ Age _____ Sex _____

Address _____ Phone _____

Date of Birth _____ Grade entering in the fall _____

Family Doctor _____ Office Phone _____

Has this child had any of the following conditions:

	YES	NO	Explanation
Epilepsy	_____	_____	_____
Fainting	_____	_____	_____
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Shortness of Breath	_____	_____	_____
Diabetes	_____	_____	_____
Heart Disease/Murmur	_____	_____	_____
Rheumatic Fever	_____	_____	_____
Chest Pain	_____	_____	_____
Head Injury/Seizures	_____	_____	_____
Painful Joints	_____	_____	_____
Back Aches	_____	_____	_____
Frequency of Urination	_____	_____	_____
Kidney Disease	_____	_____	_____
Stomach Pains	_____	_____	_____
Jaundice/Hepatitis	_____	_____	_____
Rupture or Hernia	_____	_____	_____
Knocked Unconscious	_____	_____	_____
Other	_____	_____	_____

Medications: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete's Parent or Guardian _____ Date _____

PART 2: PHYSICAL EXAMINATION To be completed by the examining MD, DO,
Physicians Assistant or Nurse Practitioner.

Name: _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

	NORMAL	OTHER
Vision	_____	_____
Ears	_____	_____
Nose	_____	_____
Throat	_____	_____
Teeth	_____	_____
Skin	_____	_____
Neck	_____	_____
Thyroid	_____	_____
Chest	_____	_____
Lungs	_____	_____
Heart	_____	_____
Posture	_____	_____
Neurologic	_____	_____
Muscular	_____	_____
Orthopedic	_____	_____

I have examined the above student and in my opinion he/she may participate in all school
organized athletics except listed: None _____ Other _____

Signature of examiner _____

Date _____



BACKGROUND CHECKS FOR VOLUNTEERS AND EMPLOYEES

In all ministries and programs, we are committed to assure a safe place for our children and young people, and others who may be at risk due to infirmity or disability. Accordingly, the Diocese of Grand Rapids has mandated that criminal history checks be conducted on all employees and volunteers who have regular contact with children or young people. Criminal background checks may also be conducted on employees and volunteers who regularly work with at risk adults. We also are obligated to safeguard our property and assets. Other background checks such as employment or character references, driving records, or credit histories may be conducted on select employees or volunteers where their positions include responsibilities for property, assets, or operating vehicles.

In conducting background checks, we will comply with all state requirements, and the federal Fair Credit Reporting Act (FCRA).

Please Note:

- According to the FCRA, we must have your written authorization to conduct a background check. Please give your authorization by completing and signing the *Background Check Authorization Form* we provide.
- On the authorization form, each background check we will be conducting will be indicated by an initialed box. If no box has been initialed, ask your background checks administrator to do so before you sign the form.
- If you do not sign the form and provide all required information, we will not be able to conduct the background check, and we will not be able to place or retain you in a volunteer or employment position.
- In addition to required information, the form also asks for "Other" information. This is information that may be required depending on the type of background check being conducted. In such cases, the administrator will mark or highlight the additional required information.

In other cases, the information requested may be optional. We encourage you to provide all information – required and optional. The more information you provide, the more reliable will be the information we receive. Providing all optional information will help ensure an accurate match of records and avoid potential confusion with similarly-named individuals. Providing your Social Security and Driver's License numbers could also be very helpful to you. If we find a match of an incorrect record with those numbers, you will be able to take steps to correct the records, and ensure there are no actual or potential instances of misuse or theft of your identity.

Be Assured:

- We will conduct only the background checks that are initialed on the form.
- Your information will be held and processed in accordance with strict standards of confidentiality. We will do everything possible to prevent identity theft, and protect your privacy.
- The information you provide will be used only for legitimate employment or volunteer placement purposes, and will not be sold or distributed for other reasons.
- If we find any records or references that might influence a decision to not place or retain you, you will receive all proper notices as required by the FCRA. You will also be able to obtain a copy of the record or other documentation we receive, and contact information for the reporting agency that provided the report. You will have an opportunity to correct any inaccuracies or discrepancies in the report.
- You may request a copy of the *Summary of Your Rights Under the Fair Credit Reporting Act*, prepared by the U.S. Federal Trade Commission, from your background checks administrator. You will receive a copy of the summary of rights if we notify you that we have found a negative report that might cause us to not place or retain you.

Thank you for your cooperation in this important program that will help ensure the safety of those we are committed to protect, and promote greater trust and confidence in our ministries and programs among parents, caretakers, and all others we strive to serve.



BACKGROUND CHECK AUTHORIZATION FORM FOR VOLUNTEERS AND EMPLOYEES

Pariish/School/Organization: _____
Name _____ City _____

Administrator: Initial box(es) to indicate which background check(s) may be conducted with authorization:

Criminal	<input type="checkbox"/>	Credit	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Character/ Personal	<input type="checkbox"/>
Driving	<input type="checkbox"/>	Credentials	<input type="checkbox"/>	SSN Verification	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please complete, sign and date this form, and return it to the designated administrator for background checks at your organization.

Required Information

Full Name		Race ¹	Gender ¹ (M/F)	Date of Birth ¹ (Mo/Day/Yr)	
Address		City	State	Zip	
Known by Other Name(s)					
Number of Years in Michigan	if less than 10 years, previous residence(s) outside of Michigan:				
	a.	Street	City	State	Zip
	b.	Street	City	State	Zip

Volunteer Position or Job Title Held or Sought with Diocese or Affiliate Organization: _____

Other Information - May be optional or required, depending on position².

Administrator: Circle/highlight additional information if required.

Driver's License/Michigan ID		Social Security Number
Number	State	Expiration Date

Place of Employment	Address	Work Phone
---------------------	---------	------------

Authorization

I understand that investigative inquiries into my background are to be made to assess my suitability for employment or volunteer placement. By signing below, I authorize the Diocese of Grand Rapids or its affiliate organizations or representatives to verify any of the information I have provided, and conduct a check of records and/or references with the appropriate individuals and/or organizations. I authorize any of them to release such information as the Diocese of Grand Rapids or its affiliate organizations require, without any obligation to give me written notice of such disclosure. I hereby release the Diocese or its affiliate organizations or representatives from any liability whatsoever as a result of inquiries or disclosures related to my background or character. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting background investigations.

Signature _____ Date _____

¹ Race, gender, and date of birth are requested only for purposes of accurate identification and will not be used to discriminate or violate privacy.

² The requested information will be held in strictest confidence. Providing all optional information will help ensure an accurate match of records and avoid potential confusion with similarly-named individuals. Should an inaccurate record be matched with your identifying information, you will have an opportunity to correct the record, and take steps to prevent further release or violation of your identity.