

ACKNOWLEDGEMENT
ATHLETIC PHILOSOPHY AND ELIGIBILITY REQUIREMENTS
John F. Kennedy Catholic High School

We have read the Student-Athlete Handbook and “How to maintain and Protect Your High School Eligibility” and I accept the responsibilities of students participating in athletics at Kennedy. We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

STUDENT-ATHLETE’S PRINTED NAME	SPORT
STUDENT-ATHLETE’S SIGNATURE	DATE
PARENT / GUARDIAN SIGNATURE(S)	DATE

Please return this signed form to your coach.
Emergency Information

(Please Print)

NAME _____ Birth date _____
Parent/Guardians _____
Home Phone _____ Athlete’s Grade _____
Address _____
Parents’ Work Phone: _____ Father _____ Mother: _____
Parents’ Cell Phone: Father _____ Mother: _____

In an emergency, if parents cannot be contacted, notify:

Name _____ Phone _____
Family Doctor _____ Phone _____
Preferred Hospital _____ Allergies _____

Medications taken on a regular basis _____

If we cannot be reached in the event of an emergency we also give our consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student.

PARENT / GUARDIAN SIGNATURE _____ DATE _____