



**BISHOP GORMAN HIGH SCHOOL
STUDENT ATHLETE
Registration Form 2024-2025**

Please PRINT neatly in INK!
All sections must be completed in their entirety!

****Please upload pages 1 – 7 of your completed physical packet as a single PDF file to "Aktivate" (formerly Register My Athlete) to complete your registration. Questions? Contact Mr. Domingo Rivera at (702)476-4020.**

Student's Name: _____ DOB: _____
☐ Male ☐ Female Grade: ☐ 9th ☐ 10th ☐ 11th ☐ 12th
Father's Name: _____
Mother's Name: _____
Lives with: ☐ Both Parents ☐ Father Only ☐ Mother Only
☐ Other (please list): _____
Home Phone: _____ Work Phone: _____
Mother's Cell: _____ Father's Cell: _____
Residence Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Parent Email address: _____

Health Insurance Information

Health Insurance Company: _____
Insurance Company Address: _____
Policy Holder: _____ Policy #: _____
Relationship to Student: _____

Emergency Contact Information

	Home Phone	Business Phone
Father: _____	_____	_____
Mother: _____	_____	_____
Emergency Contact Person(s): _____	Phone #: _____	_____

Consent and Release for Medical Treatment

I am executing this Consent and Release (hereafter "Agreement") with the Roman Catholic Bishop and His Successors, a corporation sole (hereafter "Diocese"), and its schools, parishes, employees, volunteers, agents, and related/affiliated titles, on behalf of myself and/or my child/ward in consideration of my child's/ward's attendance and participation in extracurricular activities/sporting events/outings (collectively "Events") with/at Bishop Gorman High School and all associated Events at other locations. I represent and agree that I have the legal capacity and authority to act for and on behalf of myself and my child/ward and that this Agreement shall be binding on me, my child/ward, as well as our representatives, executors, administrators, heirs, beneficiaries, successors and assigns.

I hereby authorize the Diocese, its agents, representatives, employees and/or volunteers to provide and/or obtain medical care for my child/ward for any illness, injury and/or condition that occurs, manifest or arises at Events and acknowledge that no warranty of any kind is being made with respect to any such medical care provided or obtained. I understand that every effort will be made to contact me and/or the persons listed under the Emergency Contact Information above, as soon as possible, but should there be difficulty, I will not hold the Diocese, its employees, agents, representatives and/or volunteers responsible in any way for costs associated with such actions. I agree that Bishop Gorman High School may provide emergency transportation if necessary. I agree that the Physical Evaluation Form and/or any historical health information and Health Insurance Information provided are correct to the best of my knowledge. A copy of this Agreement may be used in place of the original.

I acknowledge and Agree that this Agreement is to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby, but shall be valid and enforceable to the fullest extent permitted by law. I acknowledge that this Agreement shall be interpreted in accordance with the laws of the State of Nevada and consent to the jurisdiction in the County of Clark.

Parent/Guardian Signature: _____ **Date:** _____

NEVADA INTERSCHOLASTIC ACTIVITIES ASSOCIATION

Letter To Parents or Guardians

Dear Parent or Guardian:

The accompanying BGHS Athletic Registration Packet is an information packet for your child's sport's history and physical examination. The purpose of this exam is to detect any conditions that may increase your child's risk of injury or death while practicing or competing in his or her sport. Although there are many beneficial aspects of participating in high school sports (improved self-image, self-motivation and health habits), as with any activity, there are some associated risks. Overall, the risk of death in high school sports is extremely low; fewer high school students die due to their sports each year than in automobile accidents. In recent years there has been an average of 20 to 40 non-traumatic deaths in high school sports each year, or one per 100,000 to 200,000 student athletes per year.

The major causes of non-traumatic deaths in sports are heart problems, with a syndrome called "Hypertrophic Cardiomyopathy (HCM)" being the most common. Fortunately, not all athletes with HCM are at risk for sudden death. Our goal is to identify those student-athletes who may be at risk. Currently, the method for doing this is by having a physician perform a specific "Pre-Participation Exam (PPE)". By taking the appropriate history and performing the appropriate physical, we can detect some of the student-athletes at risk for sudden death. Unfortunately, this is not a perfect system and some athletes with HCM will be missed and many others without HCM or other heart problems will be referred for other tests, which will turn out to be normal.

Other parts of the history and physical focus on areas that may not lead to death but are more commonly associated with problems. The musculoskeletal and neurological history and exam is critical in detecting old injuries or other problems that need special attention in order to prevent future injuries.

The final role of the PPE is to provide the student-athlete with a chance to ask a physician health related questions and receive some health counseling. While this exam is very limited and should not replace a regular visit to his or her personal doctor, the limited contact that young adults have with doctors is a recognized fact. Therefore, this provides a much needed opportunity for young athletes to have contact with a physician.

We hope that this letter explains some of the reasons that this history and physical is so important and we urge you to take the time to complete the history form carefully.

****Published by the NLAA Sports Medicine Advisory Committee*

I have received, reviewed, understand and agree to abide by the material provided in the Bishop Gorman Parent and Student-Athlete Handbook.

Parent Signature

Student Signature

Date



**NEVADA INTERSCHOLASTIC ACTIVITIES ASSOCIATION
TUITION ASSISTANCE / RECRUITING CONTRACT**

I understand that my signature is an acknowledgement that I have been informed that accepting tuition assistance from a third party or from anyone other than a family member is a violation of NIAA regulations. In addition, I understand that accepting tuition assistance will result in a loss of high school and possibly college athletic eligibility.

I also understand that the discontinuance of tuition assistance from another party does not meet the requirements for a financial hardship appeal that would allow me to transfer with athletic eligibility to a public school.

I also acknowledge that my signature verifies that I have not been contacted by any coach or individual involved with the receiving school encouraging me to transfer my son / daughter.

STUDENT PRINT NAME

STUDENT SIGNATURE

DATE

PARENT PRINT NAME

PARENT SIGNATURE

DATE

**Any questions regarding this form should be directed to the
NIAA at 775-453-1012.**

TRANSFER STUDENT INFORMATION

From: _____
Name of Previous School

City: _____ State: _____ Zip: _____

Sports Participated in Previous School: (Please list all sports)

Date enrolled in BGHS: _____

**NIAA DRUG AND ALCOHOL POLICY
PARENT/LEGAL GUARDIAN AND STUDENT
ACKNOWLEDGEMENT**

The Nevada Interscholastic Activities Association (NIAA) recognizes and understands that parents/guardians take the primary role in instilling values for their students. It is the goal of the NIAA to work cooperatively with parents to provide guidelines and programs that assist student athletes in making positive choices.

IMPORTANT – Please read the following information and acknowledge with your signature below.

We understand that participation in high school athletics is a privilege, not a right, and that underage drinking and drug use is against the law. It is against the law to sell tobacco to people under the age of 18 and usage is against school policy. Substance abuse negatively impacts athletics and academic performance, and research indicates that early onset of alcohol use increases the occurrence of addiction in adulthood by four times. Alcohol and drug use interferes in learning processes, brain development and increases the chance of physical injury while participating in athletic competition. Because of these risks, and in addition to the laws of the State of Nevada, NIAA requires participants and parents to agree to the following:

1. *We have read the NIAA Drug, Alcohol and Tobacco Possession, Use, and Abuse Penalties Policy and agree to abide by the policy as written.*
2. *We realize that a Power Point presentation regarding the Policy is available and we have either seen this presentation or agree to waive the requirement of viewing the presentation.*
3. *We understand that we are encouraged to notify our school's athletic administrator/director if our son/daughter violates this Policy and/or the laws of the state of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's athletic administrator/director.*
4. *We understand that knowingly providing erroneous information during the course of an investigation of an alleged violation of the policy will result in a one calendar year suspension from all high school athletic activities.*
5. *We further acknowledge that once our son/daughter begins participation as a student athlete in high school athletics that this policy remains in effect for every calendar school year during the course of their high school career and when he/she is directly involved in a school activity occurring at any time (summer leagues/camps, etc.). This policy remains in effect regardless of whether our son/daughter is currently participating on a high school athletic team.*
6. *We have also reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.*
7. *We understand that although it is not technically against the law to use tobacco in the state of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.*
8. *We understand that the use of steroids and other performance enhancing drugs are dangerous illegal, provide only temporary gains and are a form of cheating other competitors.*

Participation in NIAA sanctioned sports is a privilege and responsibility which requires all participants to adhere to athletic training rules imposed by the school district and member or affiliate school the student attends and represents. Adherence to training rules ensures that all student-athletes are in top physical condition, minimizes potential for injury, and further ensures that all member and affiliate school athletic teams are appropriately represented by their student-athletes. Therefore, the possession or use of any controlled substance, designer or synthetic drug or naturally occurring drug, alcohol or any tobacco products, e-cigarettes or other product that delivers nicotine or mimics the reaction of nicotine without a prescription from a physician by a student-athlete, whether it occurs on or off of school property, is prohibited and shall result in penalties.

This regulation shall begin once our son/daughter begins participation as a student-athlete in high school athletics. This policy remains in effect for every calendar school year during the course of his/her high school career and when he/she is directly involved in a school activity occurring at any time (summer leagues/camps, etc.). This policy remains in effect regardless of whether our son/daughter is currently participating on a high school athletic team.

You acknowledge that this packet must be signed by **both** parent/legal guardian and the student before the student will be cleared for athletic competition at their high school. Your signature indicates you have read, understand, and agree with all the information on this page and in the “*Guidelines and Expectations of Parent and Athletes*”.

Parent/Guardian Signature

Student Signature

Date

WARNING, AGREEMENT TO OBEY INSTRUCTIONS,
RELEASE OF LIABILITY INDEMNIFICATION AND
AGREEMENT TO HOLD HARMLESS

I/We acknowledge receive of this Warning, Agreement to Obey Instructions, Release of Liability, Indemnification and Agreement to Hold Harmless (hereinafter "Release") within all of these/annexed written materials labeled in its entirety as "Athletic Packet," all parts and/or components of which are incorporated into this Agreement by reference. Student/I/We acknowledge receipt of these written materials prior to Participation (defined below), including, but not limited to the Athletic Packet, this Release, "Guidelines and Expectations of Parents and Athletes," the Parent/Athlete Handbook, and the Parent/Student Handbook previously provided by Bishop Gorman High School, all of which are incorporated herein by reference. Should any inconsistency between the incorporated documents and this Release arise, this Release will control.

As a student and/or parent/legal guardian I/we are aware, acknowledge and understand that the activities included in Participating in sports/extracurricular activities, including, without limitation, to: trying-out, playing, practicing to play/participate or attending such practices of/in any sports/teams/extracurricular activities (hereinafter "Participate" and "Participation" interchangeably), can be dangerous in nature, and involves inherent risks of injuries, including, but not limited to: death, serious neck and spinal injuries or other injuries which may result in partial/full paralysis, brain damage, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury or impairment of other aspects of my body, sickness, disease, general health, and well-being and/or loss of property ("hereinafter referred to collectively as "serious injury").

In consideration of the Roman Catholic Bishop of Las Vegas and His Successors, a corporation sole, permitting Student to Participate ip/for the Diocese of Las Vegas' sports/teams/extracurricular activities, and any and all activities related in any way to this/these sports/teams/extracurricular activities' Participation, I/we/Student hereby on my/our own behalf and/or the child/ward, do agree that the Roman Catholic Bishop of Las Vegas and His Successors, a corporation sole (sometimes commonly referred to as the "Diocese of Las Vegas"), its related and affiliated entities, its heirs, administrators, employees, volunteers, principals/ agents, successors and assigns, officers, directors, and any other person, corporation or partnership (hereinafter the "Released Parties") shall not be liable for, and are released from, any and all: actions, claims, debts, demands, lawsuits, judgments, causes of action, costs, expenses, liabilities of every kind or nature, damages and/or injuries of any kind whatsoever, including, without limitation, claims for loss of services, destruction of power to labor and earn money, medical expenses of any kind, physical and/or emotional injuries, physical and/or emotional pain and suffering, damage to reputation, punitive damages in any way arising from any and all known and unknown injuries to this student caused or related to in any way by the actions or inactions of any members of any Released Parties or caused or related to in any way Student's Participation in sports/teams/extracurricular activities.

I/We/Student shall hold Released Parties harmless and indemnify Released Parties of, from, for and against all loss, damage, costs and expenses, including, without limitation, medical expenses and all other sums which said Released Parties may hereafter incur, pay, be required or become obligated to pay on account of this student's/my child's/ward's Participation in sports/teams/extracurricular activities.

Because of the inherent dangers of Participation (some of which are described herein), I/We/Student recognize, understand and acknowledge the importance of following coaches' instructions, including, but not limited to those regarding playing techniques, training and other team rules, etc., and I/We/Student do agree to obey such instructions. Any objections to such instructions will be set forth in writing and mailed to the Principal/President of the school.

I/We/Student accept and agree that this Release shall be binding on me and/or my child/ward, the child/ward's heirs, representatives, executors, next of kin, beneficiaries, administrators and assigns. In the event that any portion of this Agreement is found to be unenforceable for any reason whatsoever, the unenforceable provision shall be considered to be severable, and the remainder of this Agreement shall continue in full force and effect.

Your signature below also indicates that you acknowledge that football, soccer, wrestling, baseball, softball and lacrosse are violent contact sports that involve even greater risk of injury than other sports. It also indicates that you have read and understand the risks as detailed in this Agreement and voluntarily agree.

I ☐ give permission / ☐ do not give permission, as the Student and/or parent/guardian of this Student for the Released Parties to release the name, photograph and/or audio/video/film reproduction for publications, broadcast or posting to the bishopgorman.org website as more particularly described in the "Guidelines and Expectations of Parents and Athletes" incorporated herein by reference.

I have read and understand the rules and regulations set forth in the Parent-Athlete Handbook, particularly those of the Nevada Interscholastic Activities Association and attest that to the best of my knowledge and ability I have conformed to all rules and regulations of the Nevada Interscholastic Activities Association ("NIAA"), the Diocese of Las Vegas and Bishop Gorman High School. I understand and acknowledge that should I have any concerns at all about the rules regarding the NIAA and my Participation, I will direct those immediately to the Athletic Director of the school.

Your signature on this page indicates that you have read, understand and agree with all the information contained herein, have the full legal authority to enter into this Agreement, and that, to the best of your knowledge, the information contained within this document is complete and accurate.

Parent/Guardian Signature

Date

Student Signature

Date



SPORTS CONCUSSION TESTING PROGRAM and RELEASE OF INFORMATION

I understand that pre-concussion baseline testing and post-concussion testing will be administered on my son/daughter at Bishop Gorman High School, and is part of the procedure for guiding their return to sports participation after an injury.

Procedures

- There is no charge for the testing being conducted at the school.
- If my son/daughter sustains a concussion, typically this post-injury test will be re-administered by the athletic trainer within 1-3 days of the injury for comparison with the baseline test.
- The post-injury test results will be reviewed by the licensed Athletic Trainer with the consulting sports medicine physician to advise a next course of action or to clear the athlete to return to play.
- I may choose to consult with a concussion specialist outside of the school system at my own cost to assist my son/daughter's recovery. The athletic trainer will work with the consultant to coordinate care.
- Bishop Gorman High School is not providing medical coverage or reimbursement for any testing, assessment, follow-up or rehabilitation beyond the initial post-injury concussion test.

Limitations on Use of Information

- It is important to recognize that blows to the head can cause a variety of injuries other than concussion (e.g., neck injuries, more serious brain injuries). The sports concussion program is designed for concussions only. You must see your doctor immediately to address any other medical concerns.

Storage, Use of Information, Person's Authorized Access and Confidentiality

- Bishop Gorman High School (BGHS) will appropriately safeguard protected individually identifiable health information made available to or obtained by BGHS from its students. BGHS will comply with applicable legal requirements related to Protected Health Information.
- Test results will be stored confidentially on a password protected secure HIPPA compliant website.
- Only the following individuals will have access to the test results: school athletic trainer, consulting sports medicine physician, Athletic Director, School Nurse, and any physician designated by parent/guardian.
- Information about the student's recovery may be provided to the school nurse, guidance counselor and teachers to provide temporary health or academic support.
- Upon parental request, the post-injury test results will be provided to me and my designated physician.

Acknowledgement and Consent

I have read this document completely and I understand the terms and conditions set forth above. I understand this testing program is a mandatory requirement of sports participation at Bishop Gorman High School. I consent to the administration of the concussion testing of my child under this program.

Student Name: _____
(Printed)

Date _____

Signature of Parent or Guardian

Parent/Guardian Name (printed)

The Medical Eligibility Form is the only form that **should be submitted** to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____ Date of exam: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

SIGNATURE of Health Care Professional: _____, MD, DO, NP, PA or DC

Health Care Professional License Number: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

