

## FIRST YEAR DIVISION I STUDENT-ATHLETE PAPERWORK: MINOR

## TO BE COMPLETED BY PARENT/GUARDIAN OF MINOR

| STUDENT NAME:  | SPORT:   | DATE MINOR WILL TURN 18:   |
|--|--|--|
| Holy Cross must comple<br>the parent/guardian has                  | te/submit their paperwork in the prese                             | of 18) on their first day of athletic activity at the College of the nee of their parent/guardian. This document is to confirm that documents listed below. By signing, the parent/guardian is rision I Student-Athlete Paperwork. |
| Please initial following of  | completion of each document:                                       |  |
| Pre-participation Physical Examination: History Fo                 |  | Form   |
| Orthope  | edic Health History  |  |
| Studen   | t-Athlete Medical Billing Policy/Insuran                           | ce Information Form (to be completed by policy holder)   |
| Medical Consent and Shared Responsibility/ Assumption of Risk (add |  | sumption of Risk (additional signature required on form)   |
|  | -Athlete Authorization/Consent for Disc<br>Requesting Media Outlet | losure of Protected Health Information to The Patriot League   |
| NCAA D   | rug Testing Exception Policy                                       |  |
| Sickle Cell Trait Explanation and Consent Form                     |  |  |
| 0  |  |  |
| Name of Parent/Guardian:   |  | Relationship to Minor:   |
| Signature of Parent/Guardian:                                      |  | Date:  |