

**FLOYD CENTRAL HIGH SCHOOL**  
**Athletic Department \* Athlete Consent/Release Forms**

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*(PRINT) Student-Athlete Name*

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*Grade*

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*Sport/Team*

**STUDENT ATHLETE CODE OF CONDUCT**

Please sign your name where indicated below acknowledging that you have received a copy of the FCCHS Athlete Code of Conduct and are aware of its content.

STUDENT ATHLETE – I have read and understand the rules and regulations as stated in the FCCHS Athlete Code of Conduct. As a student athlete representing Floyd Central High School, I agree to guide my conduct accordingly.

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*Student-Athlete Signature*

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*Date*

PARENT/GUARDIAN – As a parent/guardian of the above student athlete, I have also read and understand the content of the FCCHS Athlete Code of Conduct. I agree to guide the conduct of my son/daughter to uphold these rules.

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*Parent Signature*

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*Date*

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**CONCUSSION and SUDDEN CARDIAC ARREST**  
**ACKNOWLEDGEMENT AND SIGNATURE FORM**

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

**Parent/Guardian**-please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete also sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

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*Student Athlete Signature*

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*Date*

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

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*Parent or Guardian Signature*

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*Date*