

**Athletic and Sporting Events
Parental/Guardian Consent Form and Liability Waiver**

Student Participant's Name: _____

Birth Date: _____ Sex: _____ Grade _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Business: _____ Cell: _____

Request for Permission

As parent and/or legal guardian, I give permission for my son/daughter named above to participate in interscholastic athletics in the following sports during the academic year (initial all that apply):

_____ Baseball	_____ Basketball	_____ Cheerleading
_____ Volleyball	_____ Softball	_____ Scholastic Bowl
_____ Math Team	_____ Speech Team	_____ Chorus
_____ Band	_____ Scholastic Bowl	_____ Other _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant") I am aware that participating in sports will involve travel to practices and games. I acknowledge and accept the risks involved with my child's travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child's participation have been answered. In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Catholic Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation. Additionally, I give my consent and approval for my child's name and picture to be printed in any sports program, publication, or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school, and accept the responsibility that comes with being a parent/guardian of a student athlete.

Signature: _____ Date: _____

This form and the sports physical (if playing a sport) must be returned as soon as possible. For all athletes both forms must be turned in to the school office before a student can participate in the first practice. Thank You!

MEDICAL INFORMATION & EMERGENCY FORM

Student/Minor:

Name (first, middle, last): _____

Address: _____

Student/Minor's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts

Parent or Guardian

Name (first, middle, last): _____ Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school/parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school/parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian

Date

This Authorization for Emergency Medical Treatment is valid for a period of one year.