

Sports Permission/Waiver/Consent Form

Name _____ Grade _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birthday _____ Age on Sept 1st _____

Emergency Contact & Cell _____

Best email & cell # to receive info about the sports (i.e practice time/change in schedule)

Mother Cell & Work _____ Father's Work & Cell _____

My child and I are aware that participating in _____ (sport) at St. Rose School is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other risk conditions. I understand this informed consent form and hereby waive, release and forever discharge any and all claims against St. Rose School, its administrators, employees, volunteers or agents, St. Rose Parish, its pastor and priests, employees, volunteers or agents, as well as the Diocese of Camden and the Bishop of the Diocese of Camden, for damages and/or injuries to the undersigned which may arise from participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same. I do hereby covenant, promise and agree to indemnify and hold harmless the school and the Diocese of Camden and all of its administrators, employees, volunteers and agents of both from and against any claim or claims brought by and/or upon behalf of my child or by and/or upon behalf of any other person arising out of and/or in any way connected with participation in this sport. The school/parish cannot assume responsibility for transportation to and from athletic events; parents are responsible for any arrangements.

As parent/guardian, I do hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when any delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undue comfort.

We agree to follow school and coach's policy regarding athletics. I hereby give my permission for _____ (students name) to participate in _____ (sport) at St. Rose School.

Parent/Guardian Signature _____ Date _____

Child's Signature _____ Date _____

Family Physician Name _____ Phone _____

Please list any pre-existing medical conditions of child: (allergies, inhaler). This information is for the coach so that he/she is aware:

