

Student/Athlete: _____ Date of Birth: _____

Address: _____ Grade: _____

Sport/Activity: _____

My child wishes to participate in the above stated sport during the _____ - _____ school year. I realize that there are numerous risks involved in participating in this sport. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair the future abilities of my child named above to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I have been informed about the various risks associated with my child's participation in this activity and the potential injuries that may occur.

I assume all responsibility and certify that my child is in good physical condition and has undergone a sports physical in the past two years. Further, I am unaware of any medical condition that would inhibit my child's participation. I have sufficient accident insurance and am willing to take full financial responsibility for any and all injuries sustained by my child while participating in this activity. I have read and will abide by the guidelines in the current Family Handbook which relate to extracurriculars and athletics and have likewise instructed my child. I realize that my child may be removed from the team according to the guidelines which have been set forth in the Family Handbook.

As a condition of my child's voluntary participation the above stated activity, I agree to accept all previously mentioned risks. I further agree not to hold Holy Angels Parish and School, and/or its staff, personnel and volunteers, responsible for any injury, accident or illness during the time my child is participating in the above stated activity.

Attached in the Athletic User Fee of \$_____ which is used to help defray the cost of interscholastic athletics. I understand that this fee may be waived in cases of financial difficulty.

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

I wish to participate in the sport named above. I agree to follow the guidelines in the current Family Handbook (especially #6145.22) and those established by my coach.

Signature of Student/Athlete: _____

Please sign and return to school office, with the Athletic User Fee, before the first practice.