



# St. Ann School

2020-2021

## Athletic Parental/Guardian Consent Form & Liability Waiver

### Student's Information (Please complete one form per student)

Student/Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name – Please Print \_\_\_\_\_

Home Address \_\_\_\_\_ **Emergency Contact & Telephone Number** \_\_\_\_\_

Cell Phone w/Area Code \_\_\_\_\_ Email Address \_\_\_\_\_

### Medical Information including Insurance Information & Physician Contact

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Physician (To call in case of an emergency) \_\_\_\_\_ Telephone Number w/Area Code \_\_\_\_\_

**My Son/Daughter Suffers From:** \_\_\_\_\_

**And is taking:** \_\_\_\_\_

### Parental/Guardian Consent – Consent Form will remain active and on-file until June 1<sup>st</sup>, 2021

I do hereby waive, release and discharge St. Ann School and its respective staff, employees, and volunteers of all rights and claims for damages resulting from injury of my minor child, which may be suffered in connection with participation of the Club participation. I understand that participating in extra-curricular activities increases the possibility of exposure to contagious infections, including COVID-19. Such exposure may result in quarantine.

**I also understand that it is my responsibility as the child's parent or legal guardian to immediately notify St. Ann School, in writing, of any changes including emergency contact information, medical insurance coverage and in any changes that the child's health and ability to participate.**

**I understand that this consent form covers the entire 2020-2021 school year and includes any special events related to all sports listed below, on and off campus.**

Athletic Teams included are; **Flag Football, Cross Country, Volleyball, Basketball, Cabbageball, Softball, Bowling, Baseball, Cheerleading, Swim, Dance and any teams that might be added during the school year.**

**My Child's Dismissal Plan (Please Check One)**       Daycare       Car Rider       Walker

I also give permission for St. Ann School officials and/or volunteers to take the necessary steps required for my son/daughter to receive medical treatment in case of an emergency.

Mother/Guardian Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_