



St. Ann School

2018-2019

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 1st, 2019

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 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 2018-2019 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 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 _____