

Saint Therese Catholic School Athletic Program

Emergency Contacts and Parental Consent

Sport: \_\_\_\_\_

I hereby give my consent for:

Name: \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

A student at St. Therese Catholic School, Fort Wayne, IN (or a sport-affiliated sister school) to participate in the St. Therese Athletic Program during the 2022-23 season realizing hereby that St. Therese School, coaches, drivers, and any other person or organization authorized to be involved in said program, assume no liability or responsibility for his/her injury.

In case of an emergency we may contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Center Preference \_\_\_\_\_

Any other physical disability, medical problem or medications that the coach should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

The coaches may: (Please check if OK)

\_\_\_\_\_ Apply band aid to open cuts or abrasions

\_\_\_\_\_ Give an ice pack to any injury

\_\_\_\_\_ Any first aid the coaches deem necessary

To the best of my knowledge my child is in good physical condition and hereby has my permission to participate in the St. Therese Athletic Program. I also understand it is our responsibility for the proper care, prompt return or replacement of any sports uniforms or equipment issued to my child.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)