

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 2017-2018 season realizing hereby that St. Therese School, coaches, drivers, and any other person or organization authorized to be involved in said program, assume not 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)