2019-2020 Academic Year

Dear Parents,

Please fill out the form at the bottom and return it to me along with a copy of an up to date (within a year) doctor physical examination. Your child **will not be allowed to try out without an up to date physical and this form**. **If the date of the physical expires prior to the end of the season, student must have another physical.** All physical forms and emergency waiver forms will be kept on file for the remainder of the 2019-2020 academic year. Please circle all activities that your child may participate in.

Sincerely, Amanda Legare, Athletic Director

2019-2020 Activity/Sport Waiver of Liability

I give my child _____ permission to play and participate in (**circle all that apply**)

Soccer Cross Country Basketball Volleyball

Lacrosse Baseball

at St. Philomena School. I understand that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed. I will not hold the School, Principal, Athletic Director, Coach or anyone associated with the program responsible for any injury sustained by my child during this program. I have read this document. I understand it is a release of all claims. I assume all risks inherent in this activity. I voluntarily sign my name evidencing my acceptance of these provisions.

_____

Parent Signature Date

In case of an accident or serious illness, I hereby authorize this representative of Saint Philomena School to make whatever arrangements seem necessary to take care of my child.

Child's Name _____

Medications to which my child is allergic:

_____

Emergency Phone Number(s) _____

_____

Parent Signature Date E-mail (please print)

Please give the phone numbers where a parent can **readily** be reached in case of an emergency.