

Dear Parents,

Please fill out this form 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 2016-2017 academic year. Please circle all activities that your child may participate in.

Sincerely, Amanda Legare, Athletic Director

2016-2017 Activity/Sport Waiver of Liability

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

- | | | | |
|----------|---------------|------------|----------------------|
| Soccer | Cross Country | Basketball | Cheer Team |
| Lacrosse | Baseball | Tennis | Dodgeball Tournament |

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.