

Corpus Christi Catholic School

2016-2017 Athletic Events Consent and Release

I/We the parent(s) of _____
Print Child's Name Grade

DO NOT Give my/our child permission to "tryout or participate" in any extracurricular athletic events for the 2015-2016 school year.

Mother/Guardian Signature Father/Guardian Signature Date
NOTE: If the child lives with BOTH parents/guardians are REQUIRED to sign the form

REQUEST Corpus Christi Catholic School to **ALLOW** my/our child to "tryout and participate" in all extracurricular athletic events offered for their gender for the 2016-2017 school year.

- ❖ I/We understand that the school will attempt to provide reasonable care and supervision for my/our child's well-being during practices for the athletic event and the event itself. However, I/we also understand that there are certain risks inherent with athletic events. I/We assume all risks inherent with these events and consent my/our child being allowed to participate. I/We release, covenant not to sue, and save harmless Corpus Christi Catholic School as well as the Most Reverend Robert N. Lynch Bishop of the Diocese of St. Petersburg, all clergy, employees, staff, agents, and volunteers for the events from any and all claims and for any and all harm arising to my/our child as a result of participation in the athletic events.
- ❖ I/We understand that the extracurricular athletic program is a learning experience for the children. Even though my/our child may be given the opportunity to be a team member, I/we understand that he/she **MAY NOT** have the opportunity to participate in every game.
- ❖ I/We understand I/we am/are responsible for arranging transportation or transporting my/our child to and from the athletic events. Corpus Christi Catholic School will, in NO way participate in arranging or executing transportation for athletic events.
- ❖ I/We request a Corpus Christi Catholic School representative to obtain medical treatment for my/our child in the unlikely event of injury or illness during the athletic events and I/we agree to pay any expenses incurred for such treatment.

Mother/Guardian Signature Father/Guardian Signature Date
NOTE: If the child lives with BOTH parents/guardians are REQUIRED to sign the form

Mother/Guardian Cell Phone Father/Guardian Cell Phone

Mother/Guardian Work Phone Father/Guardian Work Phone

Health ins. Co.: _____ Policy #: _____

Physician: _____ Hospital Preference: _____

NOTE: If a change occurs in any of the above information, it is the responsibility of the parent /guardian to notify the office.

MEDICAL EXAMINATIONS

Every member of an athletic team is REQUIRED to submit an ANNUAL Examining Physician's certificate to practice and play in the event. The Sports Physical Examination is required annually in addition to the school physical examination. The Athletic Events Consent and Release, Health Screening and Physician's Certificate, Physical History, and the Statement of Compliance forms are considered current for only one year from the date the examining physicians signs the certificate and MUST be on file before the child participates in practice sessions and the events.

