

Corpus Christi School Athletic Medical Participation Form

**Athletes are to see that this sheet is completed and returned to the coach**

Parent permission and Emergency – Physician – Please print everything in pen  
You cannot participate until this sheet is complete

**PARENT'S E-MAIL  
ADDRESS**

Informed Consent: I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fracture, brain injuries, paralysis, or even death.

Student's Name: \_\_\_\_\_ Sport: Basketball and/or Soccer  
(As it appears on school records) (Please circle)

School Year: 2010-2011 Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Insurance: Yes or No

School attended last year: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Number(s) – Family members / Friends / Neighbors

Name

Relation

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Having read the informed consent and knowing the risk, \_\_\_\_\_  
has my permission to participate in the school sports program. In case of injury/illness and I cannot be reached, the coach, athletic director, and/or the coaching staff has my permission to make arrangements for my son/daughter to be taken to the nearest medical / dental facility for an emergency. I hereby give my consent that a doctor of medicine or dentistry may provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for reasonable cost of such assistance and/or treatment.

My son/daughter has the following health problems and takes the following medication for a health problem.  
Include allergies:

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

**PRACTICES AND GAMES ARE ORGANIZED BY COACHES AND VOLUNTEERS, AND SCHOOL PERSONNEL MAY OR MAY NOT BE PRESENT DURING BOTH OR EITHER. THEY DO NOT HAVE ACCESS TO MEDICATIONS. ANY PARENT OF A CHILD WITH MEDICAL CONCERNS SHOULD MAKE ARRANGEMENTS TO BE PRESENT AT PRACTICES AND GAMES.**

Insurance Information

Medical and/or Hospital Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy # : \_\_\_\_\_

Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Corpus Christi School (the "School") or Church (the "Church") athletic/sports programs, and related events and activities, and in utilizing the Church or School facilities, the undersigned:

1. Acknowledges and fully understands that he/she will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence of others, the rules of play or the condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
3. Releases, waives, discharges and covenants not to sue the Church or School, its affiliated organizations, other participants, sponsoring agencies, sponsors, their employees and associated personnel, all of which are hereinafter referred to as "releases" from demands, losses or damages on account of injury, including death or damage of property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER, AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature of Participant	Date
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Signature of Parent/Guardian	Date
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**PHYSICIAN**

I here by certify that \_\_\_\_\_ is physically able to participate in

( ) All sports, including collision or contact sports

OR

( ) Other (Please specify) \_\_\_\_\_

This certificate is good for the school year 2010-2011 unless voided by any serious injury or accident/illness. If void, it will be the responsibility of the student to get updated medical information from his/her physician before resuming participation in competitive sports.

SIGNATURE OF PHYSICIAN	DATE	DATE OF LAST PHYSICAL EXAM
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