

HOLY GHOST CATHOLIC SCHOOL

Patriots Athletics

Sport/Activity Consent Form

****Must fill one out per New sport per child****

____ Baseball
____ Basketball
____ Cross Country

____ Flag Football
____ Golf
____ Soccer

____ Softball
____ Tennis
____ Volleyball

Track _____

Student Name _____

Grade _____ Age _____ Date of Birth _____

Mother (Guardian) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother Email (Most Checked) _____

Health Insurance Co. _____ Policy # _____

Father (Guardian) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father Email (Most Checked) _____

Health Insurance Co. _____ Policy # _____

List any Allergy or Physical Condition _____

Medication Currently being taken _____

Child's Physician _____ Phone _____

In case of emergency, please call:

Name

Name

I, the undersigned, consent for my child, named above, to participate in the above referenced program. My child has no known physical or other condition that would limit or restrict participation on any athletic program at Holy Ghost Catholic School.

I understand that while participating in any sport program there is a possibility that my child may sustain physical illness or injury (minimal, serious or catastrophic). I further understand that as a guardian, my child and I assume the risk or such physical illness or injury and I release Holy Ghost School, as well as its representatives, including the coach or sponsor, from any claim for such illness or injury that my child may sustain while participating in the athletic program.

In order that my child may receive the necessary medical treatment for injury or illness sustained while participating in the program. I authorize the coach/sponsor to obtain medical treatment for my child for such injury or illness, and I hold Holy Ghost School, as well as its representatives including the coach/sponsor harmless in exercise of this authority.

I understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness and injury that my child may sustain while participating in Holy Ghost Athletics. I certify that my child activities in this program are covered under the accident and health insurance policy described above.

Parent/Guardian Signature _____ Date _____