

***Release of Liability and Parental Consent***

Date \_\_\_\_\_ Name of Athlete \_\_\_\_\_

We hereby certify that the above named student, born on \_\_\_\_\_  
Enrolled in Grade \_\_\_\_\_ at St. Clement's School, has my/our approval to participate in the school's athletic and sports programs, on or off school premises and in or out of the county of El Paso, and we do hereby release, acquit, and forever discharge St. Clement's School, and its agents, employees, officers, trustees, and representatives, of and from any and all claims, actions, causes of action, demands, rights, damages, injuries, or losses of any nature whatsoever which we may have or assert at this time or at any time in the future arising from the athletic and sports activity in which your child will participate.

We acknowledge that St. Clement's School policy is to deny any student the privilege of participation in the athletic and sports programs until a properly executed copy of the Release and Consent has been filed in the school records.

We further acknowledge that a student/athletes are required to display Christian conduct at all times, which will bring credit to the student, and school; that a student/athlete act in an acceptable manner during practice sessions and on all athletic trips from the time of departure until the time of return.

We further authorize any school personnel or medical person consent to administer any medical care, treatment, or assistance to our child which may be determined to be necessary for the treatment of attention of any injuries or ailment which our child may sustain in connection with such athletic program. We further acknowledge that any claim arising out of injury to our child is to be presented to, processed through, and paid by us and that the same is not to be presented to, processed by, or paid by St. Clement's School.

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Parent Signature

Date



**St. Clement's Athletic Emergency Form**

Name of Athlete \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Other Health Problems \_\_\_\_\_

Insurance Type (check one) Personal \_\_\_\_\_ Military \_\_\_\_\_ School \_\_\_\_\_ None \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Doctor and phone number \_\_\_\_\_