Acknowledgement of Rules/Failure to Warn

Date _____

Name of Athlete _____ Date of Birth _____

Address _____
Street City State Zip

Date of Birth _____Gender _____ Home Phone _____

Father's Name _____ Cell Phone_____ Work Phone _____

Mother's Name _____ Cell Phone_____ Work Phone _____

I hereby give my consent for the above student to compete in St. Clement's School Athletics.

It is understood, even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. St. Clement's School assumes no responsibility should an accident occur.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgment of any school representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative: and I do hereby agree to indemnify and save harmless the school and any representative from any claim by any person whomsoever on account of such care and treatment of said student.

I fully realize that when participating in athletic activities there is a risk of serious/or disabling injury or injuries.

We are aware of this possibility and consider this a warning of the inherent danger of sports participation.

I understand that should the conduct of either parent or the student caused problems according to the school officials, the coach, or the referees, the parent of player may be asked to leave the game premises.

Parent/Guardian Name _____ Signature _____

Student's Name _____ Signature _____