

Dear Parent:

If your child wishes to participate in any athletic activity (as listed in the Parent/Student Handbook), the following form needs to be completed and returned before practice begins. Failure to have this form completed will disqualify your child from both practice and competition activities.

Sincerely,



Mr. Larry White
Principal

This is to confirm that _____, is covered under our family health plan. The policy is with _____, Policy No. _____.

Should this coverage be changed for any reason, I will inform the school immediately. In any event, for any health or injury related occurrence involving my child while involved in a St. Leonard extra-curricular activity, I will not hold responsible the school, parish, its coaches or any other professional and support staff.

Parent's Signature: _____

Date: _____

Emergency Medical Release & Liability Waiver



Player's Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____

Home Phone: _____ Bus. Phone: _____

Mother's Name: _____

Home Phone: _____ Bus. Phone: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____

Home Phone: _____ Bus. Phone: _____

Name: _____

Home Phone: _____ Bus. Phone: _____

Allergies: _____

Other Medical Conditions: _____

Physician: _____

Home Phone: _____ Bus. Phone: _____

Medical/Hospital Insurance Co. _____ Phone: _____

Policy Holder's Name: _____ Policy No. _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

CATHOLIC BISHOP OF CHICAGO, A CORPORATION SOLE
Child/Minor Acknowledgement Form

Child/Minor/Ward Name:	Parent/Guardian Name:
Address:	
Home Telephone: ()	Work Telephone: ()

Program: _____ Program Date(s): _____

The Catholic Bishop of Chicago (CBC) and _____ Parish (Parish) are committed to conducting programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and Parish insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC and the Parish does not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or the Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in activities connected with this program. I am responsible for the transportation of my child/ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and the Parish and is my voluntary undertaking. While using my personal vehicle to and from parish / school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State and local laws; during the event(s) and to and from the event(s) I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and the parish from claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or parish officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

(Parent/Guardian Signature) Date