

SPORTS

INFORMED CONSENT AND WAIVER FORM

My child and I are aware that participation in _____ at St.

Vincent de Paul Regional School is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other risk conditions.

I understand this informed consent form, and hereby waive, release, and forever discharge any and all claims against St. Vincent de Paul School, its administrators, employees, volunteers, or agents, St. Vincent de Paul Parish, its pastor and priests, employees, volunteers or agents, as well as the Diocese of Camden and the Bishop of the Diocese of Camden, for damages and/or injuries to the undersigned, which may arise from participation in this sport. And, in consideration of maintaining this sports program and allowing my child to participate in same, I do hereby covenant, promise, and agree to indemnify and hold harmless the school and the Diocese of Camden and all of the administrators, employees, volunteers, and agents of both from and against any claim or claims brought by and/or upon behalf of my child, or by and/or upon behalf of any other person arising out of and/or in any way connected with participation in this sport.

Child's Name _____

Child's
Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I hereby give my permission for _____

to participate in _____ at St. Vincent de Paul
Reginal School during the season beginning _____ 2016-17 school
year.

As parent/guardian, I do hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when any delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undo discomfort.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Address _____

Parent's Work Phone/Cell Phone _____ (Mother)

_____ (Father)

Emergency contact person: _____

Phone: _____

Family Physician's Name _____

Pre-existing medical conditions of child/participant (e.g., allergies, chronic illness, etc)
