

## Youth Athletic Participation and Release Form

### TO BE READ AND COMPLETED BY PARENT/GUARDIAN – PLEASE PRINT

Student's Name \_\_\_\_\_ Grade \_\_\_\_ Gender \_\_\_\_ DOB \_\_\_\_\_

Your son/daughter has expressed a desire to participate in an athletic activity through St. Joseph's Catholic Elementary School. The information provided is vital for a successful experience. **Please read** this information carefully. If you have any questions, please contact your school's Athletic Director. Before an athlete is allowed to practice or checkout uniforms, you are required to **read, sign, and return** this form to your school's Athletic Director.

1. **NOTICE OF RISK:** student-athletes and the student's parent/guardian need to be aware that athletic activities involve risk of injury. When an athlete practices, plays, or participates in any sport, the activity can be dangerous. The student risks serious and permanent injury affecting his well-being. Instruction given by coaches regarding playing techniques, training and team rules must be followed.
2. St. Joseph's Catholic Elementary School is **neither liable nor** responsible for any medical, dental, or hospital bills occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parent/guardian.
3. Initial One
  - a. \_\_\_\_\_ I have insurance that will pay for medical expenses if my child, \_\_\_\_\_, is injured while participating in a school sport.
  - b. \_\_\_\_\_ I do not have insurance for my child, \_\_\_\_\_, and understand that St. Joseph's School is **not** responsible and will **not** pay any doctor, hospital and/or medical expenses if my child, \_\_\_\_\_, is injured while participating in any school sport.
4. Recognizing that as a result of athletic participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent, in advance, to such emergency medical care, including tests, x-rays, surgery, and hospital care as may be deemed necessary under the existing circumstances.
5. Transportation: activities will warrant the use of private carriers if the proper owner-operator vehicle form is completed and on file in the school office.
6. All athletes are expected to conform to the rules of participation and training as prescribed by St. Joseph's School.

**I have read, understand and will comply with all of the above information discussed in the YOUTH ATHLETIC PARTICIPATION AND RELEASE FORM.**

\_\_\_\_\_  
Parent/Guardian (Print First and Last Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student-Athlete (Print First and Last Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Signature

**IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE THE "MEDICAL HISTORY FOR ANY HOSPITAL OR PRACTITIONER" FORM**