

ST. GEORGE CATHOLIC SCHOOL
DRAGON ATHLETICS
Emergency Contact/Medical Authorization/Waiver Form
****Must fill one out per NEW sport per child****

Student Name _____ **Grade** _____

Birthday _____ **Sport Program** _____

Mom (Guardian) Name _____ **Address** _____

Dad (Guardian) Name _____ **Address** _____

Mom Home Phone _____ **Work** _____ **Cell** _____

Mom Email (Most Checked) _____

Dad Home Phone _____ **Work** _____ **Cell** _____

Dad Email (Most Checked) _____

Health Insurance Company: _____ **Policy #** _____

List any Allergy or Physical Condition _____

Medication Being Taken _____

Child's Doctor's Name: _____ **Phone** _____

List Two Emergency Contacts (Non Parents)

1. _____ **Phone** _____

2. _____ **Phone** _____

I, the undersigned, consent for my child, named above, to participate in the above referenced program. My child has no known physical or other condition that would limit or restrict participation on any athletic program at St. George Catholic School.

I understand that while participating in any sport program there is a possibility that my child may sustain physical illness or injury (minimal, serious or catastrophic). I further understand that as a guardian, my child and I assume the risk of physical illness or injury, and I release St. George Catholic School as well as its representatives, including coaches, from any claim for such illness or injury that my child may sustain while participating in athletic sport programs.

In order that my child may receive the necessary medical treatment for injury or illness sustained while participating in the program, I authorize the coach to obtain medical treatment for my child for such injury or illness, and I hold St. George Catholic School as well as its representatives, including coaches, harmless in exercise of this authority.

I understand that I will be responsible for any medical bills that may be incurred on my behalf of my child for physical illness and injury that my child may sustain while participating in the St. George sports program. I certify that my child's activities in this program are covered under the accident and health insurance described above.

Date _____ **Parent/Guardian Signature** _____