

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

**Student Name** \_\_\_\_\_ **2016-2017 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** \_\_\_\_\_