

**ST. PETER CATHOLIC SCHOOL ATHLETICS  
EMERGENCY INFORMATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

Pre-existing Medical Conditions \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT FOR  
INTERSCHOLASTIC ACTIVITY INJURIES**

I (we), the parent(s) or guardian(s) of the student(s) named above in consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group. I hereby waive on behalf of myself, my spouse (if applicable) and the above-named student(s) any liability of St. Peter Catholic School, its agencies or employees arising out of such medical treatment.

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**CONTACT IN THE EVENT PARENTS CANNOT BE CONTACTED**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## **SPORTS CONSENT FORM**

**Please complete if your child will be participating in after-school sports.**

Student Name _____ <small style="text-align: center;">Please print</small>	Grade _____
Student Name _____ <small style="text-align: center;">Please print</small>	Grade _____
Student Name _____ <small style="text-align: center;">Please print</small>	Grade _____
Student Name _____ <small style="text-align: center;">Please print</small>	Grade _____

The following Warning of Risk and Parental Consent must be agreed to and understood through signature prior to a student's participation in athletics at St. Peter Catholic School. Signatures on this form are required prior to participation.

### **RISK WARNING** **STATEMENT OF WARNING**

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, by its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long term. Although serious injuries in grade school are not numerous, they do occur. These injuries may be as serious as permanent damage to one's limbs or torso, paralysis, and in some cases, death. This risk must be acknowledged by both the athlete(s) and their parent(s)/guardian(s).

### **CONSENT STATEMENT OF ACKNOWLEDGEMENT AND CONSENT OF THE** **PARENT/GUARDIAN**

I/We have read the above "Statement of Warning" and acknowledge the risks inherent in interscholastic activities. Therefore, I/we hereby give consent for the athlete(s) listed above to compete in athletics for St. Peter Catholic School in the CSAL.

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

***A current physical (within the year) must be on file for all students participating in after-school sports.***