

**ST. PETER CATHOLIC SCHOOL ATHLETICS
EMERGENCY INFORMATION
2020-2021**

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>Please print</small>	Grade _____
Student Name _____ <small>Please print</small>	Grade _____
Student Name _____ <small>Please print</small>	Grade _____
Student Name _____ <small>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.
Fees are due when the team sport begins.***

Please check the following sports your child(ren) may be interested in participating:

	FALL	FALL	FALL	FALL	WINTER	WINTER	WINTER	Spring
	Landsharks Running Club	Girls Volleyball	Girls Basketball	Boys Basketball	Girls Basketball	Boys Basketball	Boys Wrestling	Landsharks Running Club
	Grades K-6	Grades 5-8	Grades 7-8	Grades 7-8	Grades 5-6	Grades 5-6	Grades 1-8	Grade K-6
NAME	**Fee	\$50 fee	\$50 fee	\$50 fee	\$50 fee	\$50 fee	\$30 fee	** Fee

** Fee - For 2020-2021 registration/fee information visit <https://www.landsharksrunningclub.com/home> for Colorado Springs.