

STB Athletics Emergency Form 2016-2017

PLEASE PRINT

Student Name (First and Last):			
Home / Mailing Address:			
City, State and Zip Code:			
Student Home Phone Cell Phone			
Student Birth Date	Month	Day	Year
Parent[s] / Guardian[s] Name:			

Emergency Contact Information: Use the spaces below to record the name, telephone number, type of connection Home, cell and what type of relationship each contact person holds to you. Use lines 1 and 2 for parent information. Parent[s] will always be called first.

Contact person	Home Phone	Cell	Relationship

You can use the area below to list any medical information (medications, implants, allergies, etc.) you feel emergency medical personnel would need to know before attempting to provide aid. List the exact name of the dosage of each medication, allergies, etc.

Physician Name and Phone Number _____

Insurance Policy Number _____

Dentist Name and Phone Number _____

Medical Information _____

I _____ agree to the participation of _____

[Parent or Guardian] [Student/Athlete]

in the athletic program[s] offered by Saint Bernard's C.C.H.S.. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named person. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named person may be given.

Signature [Parent or Guardian] Date

Saint Bernard's C.C.H.S.
Parent Authorization For Student/Athlete Travel
Please Print

Name of Student: _____

We [I], the undersigned, hereby grant permission, for our [my] daughter/son named above to be transported via van, bus, coach, or the best means possible as required.

Unless previous arrangements have been made in writing no student/athlete will be allowed to be transported to or from any away game with any parent other than their own.

Travel Period: 2016 thru 2017 School Year

AUTHORIZATION:

Print or type Mother's/Guardian's Name

Mother's/Guardian's Signature

Date

Print or type Father's/ Guardian's Name

Father's/Guardian's Signature

Date

Parents Comments:

Parents, specify any instructions you would want considered.

Saint Bernard's C.C.H.S.
Risk and Participation Agreement

Sports often involve forceful contact with the floor, wall, ground, stands, imbedded objects and other players. Injury from sport specific equipment such as balls, bats, sticks, javelins, etc. are also common in sports. Because of the conditions inherent in all sports, participating exposes an athlete to many risks of injury. Those risks include, but are not limited to death, paralysis, brain injury, damage to internal organs, broken bones, ligament, joint, tendon, face and mouth injury. Such injuries can result not only in temporary loss of bodily function but also in serious impairment to future physical, psychological, and social abilities including the ability to earn a living.

In an effort to make all sports at Saint Bernard's as safe as can be, the coaching staff will instruct players concerning the rules of their particular sport and the proper techniques for all skills involved in that sport. They will also communicate team and department guidelines regarding safety precautions involving the sport and field/facility used to conduct that sport.

We have read the information above concerning the risk of competing in sports. We understand and assume all risks associated with trying out, practicing and/or competing. We further agree to hold the Worcester Diocese and Saint Bernard's C.C.H.S., it's employees, representatives, coaches, volunteers, and agents harmless in any activities related to the participation of my son/daughter.

In signing this form we assume the inherent risks of athletics and waive future legal action by our family, heirs, estates, executor, administrator and assignees against the Worcester Diocese and Saint Bernard's C.C.H.S.

Signature of parent[s] or Legal Guardian[s]

Date

Signature of student/athlete

Date