

ST. ALPHONSUS/ST. PATRICK SCHOOL ATHLETIC ASSOCIATION CHILD/MINOR ACKNOWLEDGEMENT FORM

The Catholic Bishop of Chicago (CBC) and St. Alphonsus-St. Patrick School (School) are committed to conducting athletic programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Parents or guardians registering a child for these athletic activities must recognize there is an inherent risk of injury when choosing to participate. The CBC and School insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC or School do not carry medical accident insurance for injuries sustained in or connected to its athletic program. The cost would make program fees prohibitive. Each person registering for a program or activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or School responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I or my minor child may sustain as a result of participating in programs or activities connected with the athletic program. I am responsible for the transportation of my child to and from practices and event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC or School and is my voluntary undertaking. While using my personal vehicle to and from school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State and local laws; during the events(s) and to and from the event(s) I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

I recognize and acknowledge that athletics require physical fitness and many medical conditions may reduce or prohibit one's participation in such activities. I acknowledge that my child is physically capable of participating in all chosen sports and has clearance from his/her physician to do so. I further understand and accept that protective equipment, even when properly worn, does not prevent all injuries to players.

I acknowledge that School personnel (including coaches) will **not** administer, or supervise the administration of, any medication that my child may require. I also recognize that it is my responsibility to ensure that my child wears all appropriate safety equipment required for the activity. Any child not having such equipment will be prohibited from participating.

On behalf of my child, I hereby waive, release, absolve, indemnify and agree to hold harmless the CBC, the St. Alphonsus and St. Patrick Athletic Association, the School, the organizers, sponsors, supervisors, participants, and School coaches from any claim resulting from injuries, damages, and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the athletic program.

In the event of any emergency, I authorize School officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care and agree I will be responsible for payment of any and all medical services rendered.

I agree that my child will wear the provided uniform and return it in unaltered form at the close of the athletic season. Failure to return the uniform will result in a \$100 fee being added to the tuition commitment.

I have read and fully understand the above program details.

Family Name

Parent/Guardian Signature

Date

Please return this form to the school office addressed to the attention of the Athletic Association