

**ST. LOUIS INTRAMURAL/JUNIOR HIGH ATHLETICS RELEASE
CONSENT AND MEDICAL INFORMATION**

To: St. Louis Catholic School **School Year: 2010-2011** **Grade** _____

Re: Participating Child _____ **Birth Date** _____

I, the person signing below, the parent or legal guardian of the participating child identified above, hereby authorize and consent to St. Louis School allowing my child to participate in Intramural Athletics during the current school year. I understand that my child's participation in Intramural Athletics is a privilege subject to all school policies. I also understand that my child and my family are representatives of St. Louis School, and that if either my child or any member of my family does not conduct himself appropriately, then the Principal, in his sole and absolute discretion, may prohibit my child from participating.

I understand that Intramural Athletics is voluntary and that volunteers may coach it. I release, hold harmless and covenant, not to sue any of St. Louis Church, St. Louis School, its administrators, teachers, staff, parents and/or volunteers for any claim or cause of action which may arise as a result of my child's participation in Intramural Athletics.

I hereby, authorize St. Louis School, its administrators, teachers, staff, parents and/or volunteers to obtain any necessary or appropriate medical care and treatment for my child and authorize such persons to make any decisions required for medical treatment. I authorize any health care provider to treat my child, and I acknowledge full financial responsibility for all costs incurred. I have provided the requested medical information below. I understand a copy of this document will be provided to the coaches.

Ins. Company/Provider _____ **Group#** _____

Subscriber# _____ **Network#** _____

Physician Name/Phone# _____

Medical Conditions/Medications _____

Home Phone _____ **Work Phone** _____

Mobile/Cell Phone _____ **Pager#** _____

Other persons to contact incase of emergency:

Name: _____ **Phone#** _____

Name: _____ **Phone#** _____

Signature of Parent or Legal Guardian

Date