

## Informed Consent Form STA Athletic Program

### A Word from Sr. Lucy:

Team sports can be an excellent opportunity for students to experience a rewarding challenge while enjoying the comradeship of friends. With the opportunity to participate on our school's sports teams comes the responsibility of commitment. Attendance at all practices and games must not be viewed as elective or discretionary. When you join a team you must be committed to that team above all other activities. You must determine the level of the demands of your current schedule and insure that nothing will interfere with your attendance and performance. Your coaches and teammates must be able to depend upon your being fully present and vested in each and every practice and game. Please remember that your coaches are giving their time and talents to provide you with the opportunity to have fun and to advance your skill levels. Please respect all team rules and your coaches' supervision and instruction. Your success will depend on it!

I hereby give my permission for \_\_\_\_\_ to participate in the sport of \_\_\_\_\_ during the school year 20\_\_ – 20\_\_. Further, I authorize the school to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Date \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Parent's Cell Phone (    ) \_\_\_\_\_ Parent's E-mail \_\_\_\_\_

Where parent can be reached if not at home \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Pre-existing medical conditions (e.g., allergies or chronic illnesses) \_\_\_\_\_

Other(s) to contact in case of emergency \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone (    ) \_\_\_\_\_

My child and I are aware that participating in the STA sports program is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this informed consent form and agree to its conditions on behalf of my child. I and my child have read, understand, and agree to the policies for athletic participation at STA.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_