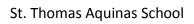
Informed Consent Form



After-school Team Activity Program



i nereby give my permission for	to participate in		
St. Thomas Aquinas School's After	-school Team Activity program		
Further, I authorize emergency treatment of an injury 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. My child and I are aware of potential injury risks related to all athletic programs. By signing this form, I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, contact with moving objects (clubs/balls), the effects of			
		the weather, and other reasonable	e risks associated with the team activity.
		Parent or Guardian	
		Address	Phone
Parent's Cell Phone	Parent's E-mail		
Where parent can be reached if no	ot at home		
Family Physician	Phone		
Pre-existing medical conditions (al	lergies, chronic illnesses, medications)		
Contact in case of emergency			
Relationship to child	Phone		
I understand this informed consen	nt form and agree to its conditions on behalf of my child. I and agree to the policy for participating in St. Thomas Aquinas		
Child's Signature	Date		
Parent's Signature	Date		