

ARCHDIOCESE OF MILWAUKEE
Parents and/or Legal Guardians
Risk Acknowledgement and Consent to Participate Form
School Year 2017-2018

Participant _____ Birth Date ___/___/___ Gender M/F Grade 2017-18 _____

Address _____

1) Parent/Guardian _____ Email(1): _____
(Primary Contact For All Athletics Communications)

Parent/Guardian Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Parent/Guardian _____ Email(2): _____

Parent/Guardian Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My/our child wishes to participate in the sport(s) of (list all) during the **2017/2018** school year.

Grade (in Fall) _____ **Volleyball** **Basketball** **Track**

Fees are as follows: Volleyball – \$70 Basketball - \$80 Track - \$40
with a family maximum of \$300.00. Fees are due upon sign up and are nonrefundable.

Athletics Use Only	Paid Date ___/___/___	Amount _____	Check No. _____
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I/We realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with our child's participation in the above listed sports and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

 Parent/Legal Guardian Date _____

 Parent/Legal Guardian Date _____