

**ARCHDIOCESE OF MILWAUKEE**  
**Parents and/or Legal Guardians**  
**Risk Acknowledgement and Consent to Participate Form**  
**School Year 2018-2019**

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. _____
--------------------	-----------------------	--------------	-----------------

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 \_\_\_\_\_