

ARCHDIOCESE OF MILWAUKEE
Parents and/or Legal Guardians
Risk Acknowledgement and Consent to Participate Form
School Year 2020-2021

Participant: _____ Birth Date: ___/___/___ Gender: M F Grade 2020-21: _____

Address: _____

1) Parent/Guardian _____ Email (1): _____
(Primary Contact For All Athletic 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 **2020-21** school year.

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

Fees are as follows: Volleyball – \$80 Basketball - \$90 Track - \$50 Family Maximum - \$340
Fees are due upon sign up and are nonrefundable. Checks payable to: “Waukesha Catholic Athletics”

If finances are an issue or if you need to pay for a sport by season, please contact Bill Serb, Athletic Director, at athleticdirector@waukeshacatholic.org to discuss

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|--------------------|-----------------------|--------------|-----------------|
| 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 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: _____