

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 2020) _____ **(check sport) Track**

Fees are as follows: Track - \$50

Those who have credits to apply from cancelled sports earlier this year should contact Bill Serb, Athletic Director regarding payment (email address below)

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

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 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: _____