

Paid _____ Check # _____

GRADE _____ DATE OF BIRTH _____ PHONE # _____

Email: _____

**ST. AMBROSE SCHOOL
SPORTS PERMISSION AND LIABILITY FORM**

Please return with \$45 fee per student, per sport

We ask permission that _____
(child's name)

be allowed by participate in _____ at St. Ambrose.
(indicate gender and sport)

We have adequate insurance for this child and he/she has had a physical examination within the last 12 months and has no condition which would impair his/her participation in sports. We agree not to hold St. Ambrose, the Athletic Association, or any coaches responsible for any injury, which may occur at practice, in route to or from a game or practice, or during the activity itself.

We also accept responsibility for all equipment/uniforms issued by the school and guarantee the return of this uniform/equipment at the end of that sport season, or we agree to pay the cost of replacing any equipment/uniform that we are unable to return.

Uniform Size Preferred (please circle) –

Shirt: YM / YL / AS / AM / AL / AXL **Pants:** YM / YL / YXL / AS / AM / AL / AXL

Emergency Contact: _____ Relationship: _____

Date Parent/Guardian Signature

Child's Physician: _____ Phone#: _____
Preferred hospital: _____

All parents of students participating in sports* are expected to volunteer time by participating in work assignments for Door (take money collection for admission to games) and/or Concessions. This applies to regular season games, as well as, tournaments or extra scheduled games (practice games).

Date Parent/Guardian Signature

***Volleyball and Basketball are indoor sports which apply to work assignment participation.**

EMERGENCY FORM

Name of Child: _____

SPECIAL CONDITIONS OF THIS CHILD

Allergies(list): _____

Reactions to stings? _____ Type: _____

Reaction to medication or medicines that child should not take:

Check any conditions that apply to this child and explain in space provided below:

Heart Condition _____ Diabetes _____ Epilepsy _____

Permanent Disability _____ Severe Nosebleeds _____

Asthma _____ Any other medical condition _____

Please describe condition and anything we need to know as related to Athletics:

What specific medications does your child take during the school year?

AUTHORIZATION FOR COACH IN CASE OF EMERGENCY: If the parents or other designated emergency contacts cannot be reached at the time of a serious emergency, and if immediate observation or treatment appears urgent in the judgment of the coach, I hereby give my consent for the coach to send the child, properly accompanied, to the hospital or doctor specified on the reverse side of this form and consent for emergency treatment as necessary until a parent/guardian can be reached.

Date

Parent/Guardian Signature