

## St. Thomas More Catholic School

1625 West Highland Avenue Elgin, IL. 60123 847-742-3959

www.stmelgin.org

## **Athletics Consent Form**

Thomas Mo such medi the neares	rsigned parent or ore Catholic Scho cal, surgical, or x- t hospital, his/he	ool, Elgin, IL, do voluntari ray treatment which may	ly consent to any and all diag y be required during my abser , as is necessary in the judge ck all that apply)	nostic procedures ance and unavailabil	and hospital care, and to ity by the staff doctor of	
Vo	olleyball (\$45)	Basketball (\$55)	Cross Country (\$35)	Track (\$35)	Cheerleading (\$25)	
	n must be turned	d in with payment & cop	y of insurance card <u>before</u> s	student can partic	ipate in a sport**	
Student L	.ast Name:		Student First Nam	ne:		
Gender:	Male	Female	Birthday:		Grade:	
Heath Co	ncerns:				_	
Physician	of Choice:		Hospital of Cho	Hospital of Choice:		
Parent In	formation					
			Phone #:	Ema	il:	
Father Name:			Phone #:	Ema	Email:	
in or attend Please not A. B. C.	d practices, game e: Academic effo principal if a stu participating in Unsatisfactory final authority r Serious miscor immediate inel If a student rec activities for the	rt/performance will be evudent is ineligible. Confecontests if she/he has 1 academic effort will brinegarding academic efforhouct will be evaluated by igibility for a period of time ives a 3 <sup>rd</sup> ineligibility, she remainder of the seaso	y the staff and principal on ar ne to be determined by the sta e/he will be removed from a s	curricular activities very Thursday, tead dent will be declare ve "D's" for the grac ch begins that Frida n individual basis ar	for a set period of time.  Thers will inform the ed ineligible from ding period in any class.  The principal will have and may bring about	
The unders considerat Country, Tr I understar and Schoo behalf of m This indem	ion of the school ack, or Cheerlead that this activite, it's coaching stay child, resulting nification shall al	egal guardian of providing an opportunity ding) accept full respons cy may expose my child to aff and other personnel a from said child's particip aso cover expenses incur	, a st for my child to participate in ibility for my child's health. or isk of injury, and I hereby against all expenses and cost pation in athletic activities, to red in good faith in anticipation settlement of any action, su	Athletics (Volleyba gree to indemnify St s actually and reaso which any of all of on of, or in preparat	II, Basketball, Cross  t. Thomas More Church conably incurred by or on them are made a party. ion for, threatened or	
Parent Signature				Date		

Date \_\_\_\_\_

Student Signature \_\_\_\_\_