

SAUK VALLEY CATHOLIC INFORMATION AND CONSENT FORM

Player's Name: _____ Grade _____ Sport(s): VB BB XC TRCK

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Home Address: _____

Home Phone: _____ Cell (Mom) _____ Cell (Dad) _____

Can phone numbers be listed in a team roster? Yes or No (Please Circle One)

Dear Parent(s) or Guardian(s):

I have read and understand the information presented in the Athletic Program for Sauk Valley Catholic and have signed below to indicate this:

Your son or daughter will **NOT** be allowed to participate in the above sport(s) until this paper is on file with the Athletic Director/Principal. Kindly complete this form. Your signature indicates you are giving your child permission to participate and that you and your child understand the rules/codes governing both the Diocesan and IESA handbooks as they pertain to the Sauk Valley Catholic Athletic Programs.

Student Name (Print)

Student Signature

Parent/Guardian Signature

INSURANCE INFORMATION

The undersigned, as guardian of _____, hereby indemnify Sauk Valley Catholic Athletics Sports Programs and its agents for any and all injuries and/or accidents which may occur involving the above named student due to his/her participation in _____. We further state that we maintain accident insurance with _____ adequate to take care of such injuries that may occur. The Policy Number _____ and the expiration date of said policy is _____.

****THIS WAIVER MUST BE SIGNED BY LEGAL GUARDIAN OR PARENT(S)****

Parent/Guardian Signature

Parent/Guardian Signature

Emergency Release

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of this attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the parent(s)/guardian(s).

Name if Child(ren) _____ Relationship: _____

Doctor's Name: _____ Phone: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. Please include any specific medical allergies, chronic illnesses or other conditions.

Signature

Date

Alternate contact in case of Emergency _____ Phone _____

The following items are REQUIRED for All Students to participate in the Sauk Valley Catholic Athletics Program. (Office Use Only)

1. _____ This form completed **IN FULL** and signed by parent(s)/Guardian(s)

3. _____ Copy of Physical

2. _____ Sports Fees (**Note: Cross Country and Track may have additional fee**)

4. _____ Copy of Insurance Card (**Front and Back**)