DEPARTMENT OF ATHLETICS CONSENT FORM

Student Name: _____ DOB: _____ Grade:_____

Parent/Legal Guardian: _____ Mobile Phone: _____

Alternate Emergency Number if Parent Cannot be Reached:

Notify: _____Relationship: _____ Mobile Phone:_____

Family Doctor: _____ Doctor's Phone: _____

Athletic Program Clinics/Camps 2025 School Year- FEE per child $25.00

Volleyball 3rd Grade - 8th Grade

YOU WILL BE CHARGED ON FACTS.

Please place your INITIALS below and on the following page (each blank provided) for parental consent and acknowledgements: (Parent/Legal Guardian Initials only)

_____By signing this form, I/we acknowledge that my/our school ***FACTS account will be billed for the above athletic clinic/camp program fees.***

_____I give consent for my child to participate in the St. Edward Catholic School athletic skills clinic and camps.

_____ I certify that my child has received a physical examination within the last year by a licensed medical practitioner and has been certified by said practitioner as being in sufficiently good health to participate in camps/clinics offered by St. Edward Catholic School.

_____I acknowledge that all St. Edward clinics and camps have a zero-tolerance policy when it comes to misbehavior.

_____I have discussed this consent form with my child, and they have given me verbal consent to follow all clinic and camp rules.

_____I grant permission for my child to participate in athletic clinic and camp activities at St. Edward Catholic School. These activities will take place under the guidance and direction of school employees and/or volunteers. As a parent and/or legal guardian, I remain legally responsible for personal actions taken by my participating child I agree on behalf of myself, my participating child, our heirs, successors and assigns, to hold harmless and defend the school, its employees, officers, directors and agents or representatives associated with these activities, arising from our in connection with my child participating in these activities, or in connection with any illness, injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents or

representatives associated with the activity for reasonable attorney's fees or expenses arising in connection therewith. I hereby warrant to the best of my knowledge, that my child is in good health, and I assume all responsibility for the health and medical care of my child. In the event of a medical emergency, I hereby give permission to school employees and/or volunteers supervising the athletic event to obtain medical services and to transport my child to the nearest hospital/emergency care center for emergency medical or surgical treatment. I will not hold St. Edward Catholic School, its volunteers, coaches, or staff liable or responsible for any injuries, damages, or death. I will not hold St. Edward Catholic school, its volunteers, coaches, or staff liable or responsible for damages to personal property or theft.

_____ _____

Parent/Legal Guardian Signature Date