

# LIABILITY AND MEDICAL RELEASE FORM

I/We, the parent(s) or legal guardian of the student listed on this form, certifies that she/he has my full approval to participate in basketball. The child identified on this form understands that she/he is expected to abide by the rules set forth by the coach(es) and St. Paul School. I/We and the child also understand that basketball is a sport in which physical injury may occur.

Further, I do authorize and hereby agree to hold blameless St. Paul School, St. Paul Parish and its coaches from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in this activity.

Further, I do authorize the coach(es) to seek the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. This authority is granted only after a reasonable effort has been made to reach me.

My consent and signature is given below. I have read and agree to the information given on this entire form.

## PLEASE PRINT CLEARLY

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Indicate specific medical allergies, chronic illnesses, medications, or other medical conditions that coaches and medical personnel should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Name of Parent(s) and/or guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Other person(s) to contact in case of emergency:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Parent(s) or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_ My commission expires \_\_\_\_\_  
Notary Public