

St. Brigid of Kildare Athletic Association Parental Consent and Waiver Form

Club or Intramural Sport: _____

Parent Name: _____ Child Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Additional Phone: _____

Email Address #1: _____

Email Address #2: _____

Grade: _____ Age: _____ Sex: _____ Date of Birth: _____

School Currently Attending: _____

PLEASE CHECK ONE: NO RESTRICTIONS RESTRICTIONS LISTED ON BACK

List on the reverse side of this form any physical handicaps which would prohibit this participant from taking part to the full extent of the activity listed above.

As the parent(s) or legal guardian(s) of the child named above, I/we hereby give our full consent and approval for my child to participate in any and all athletic or other activities of the St. Brigid Athletic Association for the activity specified above. I/we understand that there are certain risks of injury inherent in the practice and/or play of the athletic and/or recreational activity specified above, as well as in traveling and other related activities incidental to my child's participation in such activity, and I/we fully assume on behalf of my child all such risks. I/we hereby certify that my child is capable of fully participating in the activity specified above and that my child is healthy and has no physical or mental disabilities, infirmities or limitations that would prevent full participation in the activity specified above, except as indicated on the reverse of this form.

In consideration of the education instruction and training that my child will receive in connection with the activity specified above, I/we agree to release, absolve, indemnify and fully hold harmless the St. Brigid Athletic Association and its affiliates, St. Brigid of Kildare School, any and all of the Catholic churches and/or parishes and any and all supervisors, volunteers, organizers, coaches, representatives, officials and sponsors of and from any and all liability for any injury, damages, losses or expenses, including, but not limited to, medical or hospital expenses, that may be suffered by my/our child in the course of the activity specified above or any related activity incidental thereto, including traveling. We waive any and all claims against any and all of the organizations and persons enumerated above. I/we hereby declare that I/we have accident/health/medical insurance that will cover any medical, hospital or dental expenses that may be incurred on behalf of my/our child in the event that any injury is suffered in the course of the above specified activity, including any contact sports. I/we certify that all information set forth on this form is correct.

MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S)

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____