

St. Michael's Parish

Sports Nights

Waiver Form

Dear Parent/Guardian:

The risk of injury exists in every activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of participants is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in physical activity.

It is important that your child participate safely and comfortably at Sports Nights, hosted by St. Michael's Parish. In your child's best interests we recommend the following:

- a) An annual medical examination.
- b) Appropriate attire for safe participation (T-shirt, shorts or track pants and running shoes). Hanging jewelry must not be worn. Jewelry which cannot be removed and which presents a safety concern must be taped.
- c) The wearing of an eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during Sports Nights.

Athlete Information

First Name:	Last Name:		
Address:			
Telephone:	Health Card #:		
Date of Birth - Year:	Month:	Day:	Current Age:

1. Please indicate if your son/daughter has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies:

Head or back conditions or injuries (in the past two years):

Arthritis or rheumatism; chronic nosebleeds; dizziness; fainting; headaches; dislocated shoulder; hernia; swollen, hyper mobile or painful joints; trick or lock knee:

_____.

2. What medication(s) should the participant have on hand during the sport activity?

_____.

3. Does your son/daughter wear a medical alert bracelet _____ neck chain _____ or carry a medical alert card? _____.

If yes, please specify what is written on it:

_____.

4. Any other relevant medical condition that will require modification of the program:

_____.

Contact Information

Mother	Father
Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:
Email address:	Email address:
Emergency Contact (someone other than mother or father)	
Name:	Relationship:
Home Phone:	Cell Phone:

Waiver: By submitting and signing this form, I acknowledge that I am aware that there are risks associated with sports. I warrant that the participant named on this form is physically fit to participate in sports. I acknowledge that there is potential risk for injury involved in training and competing in any sport. I also understand that St. Michael's Parish has tried to create a safe and controlled environment for participation and that it has established rules for participation that must be followed by the participant. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in Sports Nights hosted by St. Michael's Parish.

I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify the coordinator of Sports Nights of any changes immediately.

Signature of Parent/Guardian: _____

Date: _____