

OUR LADY OF MT CARMEL ATHLETIC ASSOCIATION

INFORMED CONSENT FORM

My child and I are aware that participating in _____ at **OUR LADY OF MT. CARMEL SCHOOL** is a potential hazardous activity. We assume all risks associated with the participation in this sport, including but not limited to falls, contact with other participants, and the effects of the weather, traffic and other risk conditions.

I understand this Informed Consent Form and hereby waive, release, and permanently discharge any and all claims against **OUR LADY OF MT. CARMEL SCHOOL** and **OUR LADY OF MT. CARMEL PARISH**, as well as the administrators, employees, pastor and priests, volunteers, agents, and the Diocese of Camden for damages and/or injuries to the undersigned which may arise from participation in this sport. In consideration of maintaining this sports program and allowing my child to participate, I do hereby covenant, promise and agree to indemnify and hold harmless the School, the Diocese of Camden and all the administrators, employees, volunteers and agents from both organizations against any claim or claims brought by and/or upon behalf of my child or by and/or upon behalf of any other person arising out of and/or in any way connected with participation in this sport.

CHILD'S NAME: _____

CHILD'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

I hereby give my permission for _____ to participate in _____ at **OUR LADY OF MT CARMEL SCHOOL** during the season beginning _____.

AUTHORIZATION OF MEDICAL TREATMENT

As parent/guardian, I do authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when a delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undue discomfort.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

OUR LADY OF MT CARMEL ATHLETIC ASSOCIATION

CHILD'S NAME: _____

ADDRESS: _____

HOME PHONE #: (____) _____

PLEASE LIST ANY WORK, CELL AND/OR PAGER NUMBERS WHERE PARENT/GUARDIAN CAN BE REACHED:

(____) _____ (____) _____

(____) _____ (____) _____

Physician's Name: _____ (____) _____

Pre-existing medical conditions of child/participant (e.g. allergies, chronic illness, etc)

TRAVEL TO AND FROM ATHLETIC EVENTS

The school and parish of **OUR LADY OF MT CARMEL** cannot assume responsibility for transportation of players to and from athletic events. When possible we stand ready to assist you in making arrangements (e.g. car polling), however we cannot monitor this. We always encourage you to check with your child regarding his/her travel plans.

I acknowledge my responsibility for my athlete's transportation to and from events.

(Signature)

(Date)