



## **OLMC Athletic Association Informed Consent Form**

My child and I are aware that participating in \_\_\_\_\_ at Our Lady of Mt. Carmel School (OLMC) 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 St. Simon Stock Parish, as well as the administrators, employees, pastor and priests, volunteers, agents, and the Diocese of Camden from 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.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate in \_\_\_\_\_ at OLMC 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: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

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

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

### **TRAVEL TO AND FROM ATHLETIC EVENTS**

The school and parish 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-pooling), 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.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_