

**DIVINE SAVIOR ACADEMY
PERMISSION/RELEASE FORM FOR STUDENT PARTICIPATION IN
INTERSCHOLASTIC SPORTS**

MEDICAL INFORMATION FOR:

(Student's Name- PLEASE PRINT)
Parent(s)Name _____
Home Phone _____ Work Phone _____
(Father) _____ (Mother) _____
Student's
Physician _____ Phone _____
Emergency Contact
Person _____ Phone _____
Student's Birth date _____ Serious Illness _____
Allergies _____ Medication _____
Health Insurance Co. _____
Hospital Preferred _____

CONSENT AND WAIVER

I, the undersigned parent, and I, the student, understanding that there is a potential for injury when participating in competitive sports, do hereby consent to the participation of my (son/daughter) _____

Grade _____ in the sport of BASKETBALL

I represent that he or she is in good physical health and that I am unaware of anything that would adversely affect my child's ability to participate in the sport. I expressly assume the risk that may be associated with this sport and acknowledge that Divine Savior Academy cannot reasonably foresee or prevent every possible injury or circumstance that may give rise to an injury when participating in the sport.

In the event that any emergency medical procedures or treatment are required during the child's participation in the aforementioned sport, I give consent to the coach or other representative of DSA arranging for or consenting to medical procedures or treatments.

I agree, as a parent or guardian, that our personal insurance coverage will be the primary insurance carrier in the event of a nonvehicular accidental injury. The insurance carrier for the vehicle will be the primary carrier in the event of a vehicular accidental injury.

I also give my permission for my (son/daughter) to ride to and from school sporting events on the transportation provided by other parents or the school unless other arrangements have been made. I also understand that if there are games on Saturday's, games played in the evening, or tournaments, that I will be responsible for transportation to those games.

Date _____

Parent's/Guardian's Signature _____

Student's Signature _____