



**ST. ANASTASIA ATHLETICS**

**ATHLETE INFORMATION AND  
INJURY WAIVER AND CONSENT FORM**  
(You must complete one of these for each sport you participate in)

**STUDENT ATHLETE INFORMATION**

Name of Student Athlete: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sport you are participating in: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Known Medical Conditions (e.g. allergies or asthma):  
\_\_\_\_\_

Other emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

*Emergency Release:* I hereby authorize consent for emergency medical treatment of any injury or illness my child may experience during this sport.

**INFORMED CONSENT AND ATHLETIC INJURY WAIVER**

I hereby give my permission for \_\_\_\_\_ to participate in \_\_\_\_\_ during the \_\_\_\_\_  
(Name of Athlete) (Name of Sport) (School year)

school year. My child and I are aware that participating in this sport is a potentially hazardous activity. I assume all risks associated with participation in this sport, including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known. My child is covered by Insurance. I hereby agree to hold harmless all parties involved with regard to my child.

I have read and understand the language of this *INFORMED CONSENT AND ATHLETIC INJURY WAIVER*.

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

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_