

ST. ANASTASIA ATHLETICS

**INFORMED CONSENT**

I hereby give my permission for \_\_\_\_\_ to  
participate in \_\_\_\_\_ during the \_\_\_\_\_ athletic season.  
(Sport) (School year)

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

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

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

My child and I are aware that participating in \_\_\_\_\_ 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 and appreciated.

I have read and understand the language of this form.

Date: \_\_\_\_\_ Child's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_