

ALL SAINTS CATHOLIC SCHOOL
ATHLETIC INSURANCE WAIVER

We (I) the undersigned, have adequate accident insurance and am/are willing to take full financial responsibility for any and all injuries sustained by our/my son/daughter

(_____)	(_____)	(_____)
1 st student athlete	grade	birth date
(_____)	(_____)	(_____)
2nd student athlete	grade	birth date
(_____)	(_____)	(_____)
3 rd student athlete	grade	birth date

while participating, whether it be in a practice session or in actual competition, in an athletic program of All Saints Catholic School, Berlin Public School or St John's School.

We (I) further knowingly and voluntarily waive any and all claims against and forever release the above named schools, its Board Members, Officers, Agents and Employees, Coaches or Catholic Diocese for any and all injuries sustained by our/my children while participating, it be in a practice session or in actual competition, in a All Saints Catholic School, Berlin Public School or St John's School sponsored athletic program.

We realize that the necessary physical examination card must be filed out and filed in the ASCS athletic office prior to first attending any athletic practices.

Insurance carrier: _____

Policy number: _____

Our/My signature below will allow a coach or designated ASCS official to admit our/my son/daughter/me to a medical facility and/or to the care of a physician, if conditions warrant such action. ***Call Ambulance if deemed necessary? Yes No

EMERGENCY CONTACTS

Parents Name: _____

Home Address: _____ County _____

Home Phone: _____ Cell Phone: _____

If Unable to contact parents, please call the following list until someone is reached.

Contact #1: _____

Name Phone #

Contact #1: _____

Name Phone #

Contact #1: _____

Name Phone #

Contact #1: _____

Name Phone #

Signature of Parent or Legal Guardian

Date

5/30/10