



Sports Permission and Acknowledgment of Risk of Injury

St. Mary's School

1865

Print Student Name: _____

Grade: _____

Print Parent/Guardian Name: _____

I understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in the following sport(s):

(By checking the box(es) below, you are simply giving *permission* for your child to participate in the sport if they choose to do so. Your child will be asked to sign up for the sport at another time.)

| Middle School Sports | Upper School Sports | |
|---|---|--|
| <input type="checkbox"/> All Sports or: | <input type="checkbox"/> All Sports or: | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> *Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Dance Team | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> X-Country | <input type="checkbox"/> Golf | <input type="checkbox"/> X-Country |
| * Sixth graders must meet the minimum weight requirement of 80 lbs. | <input type="checkbox"/> Soccer | |

I, _____, give my permission for my student to travel with the school's athletic program to and from games and tournaments. As a parent or guardian, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication, should an accident or other medical emergency occur during a trip or activity and the responsible leader is unable to reach me.

As parent or guardian, I also agree to be responsible for all debts not covered by St. Mary's School that are incurred by the student during the trip or activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student, and for all transportation costs to prematurely return the student to Medford, Oregon, should the student's continued participation jeopardize the safety or health of the other participants.

Parent/Guardian Signature: _____ Date _____

STUDENT ACKNOWLEDGEMENT OF RISK OF INJURY

I, _____ understand that by participating in any sport, I am exposing myself to the risk of serious injury and death. Having been so cautioned and warned, it is still my desire to participate in the above sport(s), and I acknowledge the risk of serious injury and death to which I am exposing myself by participating.

Student Signature: _____ Date _____