



# Catholic School League

WAIVER (revised 8/01/07)



Name of Student Participant: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Contact: \_\_\_\_\_ School: \_\_\_\_\_

Health Insurance Provider (e.g. HMSA): \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

We (I), and the above named student participant do hereby release the above referenced school, the Catholic School Department, the Catholic School League and it's Board of Directors, members, sponsors and their personnel of any and all liability of every nature, kind and description or other expenses, claims or demands as a result of injuries, hurt or damage sustained by the student arising out of or in connection with the student's participation.

It is our (my) understanding that the Catholic School league is directly responsible for the administration of this league, therefore, all inquiries should be made directly to the Catholic School League and/or the principal of the above mentioned school.

**PLEASE INDICATE APPROVAL OF YOUR CHILD'S PARTICIPATION IN THE FOLLOWING:**

Boys Volleyball: \_\_\_\_\_ Boys Basketball: \_\_\_\_\_ Track & Field: \_\_\_\_\_  
Girls Volleyball: \_\_\_\_\_ Girls Basketball: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

***THIS CHILD IS CLEARED TO PARTICIPATE IN THE ABOVE INDICATED SPORTS PROGRAMS:***

\_\_\_\_\_  
REQUIRED Physician's Signature and Stamp Date

### EMERGENCY INFORMATION

Father or Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Contact: (Business) \_\_\_\_\_ (Cellular) \_\_\_\_\_ (Home) \_\_\_\_\_

Physician: \_\_\_\_\_ Business Phone: \_\_\_\_\_