

Catholic School League WAIVER (revised 8/01/07)



Name of Student I	Participant:			Grade:
Home Address:		Cit	:y/State/Zip:	
Phone Contact:		s	chool:	
Health Insurance	Provider (e.g. HMSA)):	Subscriber's Name	:
Policy #:				
School Department, to personnel of any and	e named student particip the Catholic School Lead all liability of every natu hurt or damage sustain	gue and it's Board of ire, kind and descrip	Directors, members, stion or other expenses,	ponsors and their claims or demands
	anding that the Catholic , all inquiries should be ed school.			
PLEASE INDICATE	APPROVAL OF YOUR	CHILD'S PARTICIP	ATION IN THE FOLLO	OWING:
Boys	Volleyball:	Boys Basketball:	Track & Field:	
Girls	Volleyball:	Girls Basketball:		
Parent Signature				Date
	ARED TO PARTICIPAT		NDICATED SPORTS F	PROGRAMS:
			T .0.1	
Fath an an Owandian		RGENCY INFORMA		Q a lla
Emergency Contact (ot	her than parent)			
Relationship:	Address:			
Phone Contact:	(Business)	(Cellular)	(Home)	
Physician:		Business Phone: _		