



# Athletic Department - '4 PART FORM'

rev. 9/2011

**THIS FORM GOES TO YOUR COACH! - COACH MUST POSSESS A COMPLETED FORM WHILE WORKING WITH THE STUDENT ATHLETE!**

Student Name \_\_\_\_\_ Team \_\_\_\_\_ Date of Birth \_\_\_\_\_ Season: FALL - WINTER - SPRING

## Participation Release

My signature below is to authorize and consent to my child's participation in interscholastic athletics as a student-athlete at Paul VI Catholic High School. I understand that the sport in which my child will be participating is potentially dangerous and that physical injuries may occur, requiring emergency medical care and treatment. I assume the risk of injury to my child that may occur in an athletic activity.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Electronic Communication Permission

My signature below verifies that my student-athlete \_\_\_\_\_ may communicate

*Print Son or Daughter's Name*

electronically (including text messages, email, phone, etc.) with his/her coach. List any exceptions: \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emergency Medical Information

Student Name \_\_\_\_\_ Jersey # \_\_\_\_\_ (Coach, Fill-in # once team is selected)

Best Telephone# \_\_\_\_\_ Alt #s \_\_\_\_\_

Emergency Contact: Who \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Last Tetanus shot \_\_\_\_\_

Allergies/special medical conditions \_\_\_\_\_

Medicine Administered on field/court \_\_\_\_\_

Insurance (yes) (no) Information (Company/Policy#) \_\_\_\_\_

**RELEASE FOR TREATMENT:** I hereby release Paul VI Catholic HS and give permission to the attending physician or hospital to administer medical treatment in the event I cannot be reached.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Transportation Release

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ to ride in school provided transportation to any off campus practice or game.  
*Print Parent/Guardian Name* *Print Son or Daughter's Name*

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ to drive his/her vehicle or my vehicle to any off campus practice or game.  
*Print Parent/Guardian Name* *Print Son or Daughter's Name*

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ to ride with a teammate to any off campus practice or game.  
*Print Parent/Guardian Name* *Print Son or Daughter's Name*

In granting permission to drive or ride in private vehicles, I am signing a release of liability toward the Diocese of Arlington, Paul VI Catholic H.S. or any coach or employee at Paul VI. I am also releasing any driver my child may ride with.

Please list any stipulations/special instructions:

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date