

EMERGENCY MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

When not at Home

Mother's Name: _____ Phone: _____ Phone: _____

Father's Name: _____ Phone: _____ Phone: _____

Emergency Phone(s): _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: _____ Phone: _____ Relationship: _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)

Attention Catholic League Athletes and Parents

ATHLETE'S
NAME: _____ GRADE: _____ SCHOOL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ASSUMPTION OF RISK -- PROOF OF INSURANCE:

Participation in sports requires an acceptance of risk of possible injury, including paralysis or loss of life. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury.

The coaching staff is concerned with our safety and wants you to receive the benefits of athletic participation.

I _____ (signature) Student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury _____ (Date)

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

_____	_____	_____
Parent/Legal Guardian	Parent/Legal Guardian	Date
_____	_____	
Name of Insurance Company	Policy or group number (Contact Athletic Director ASAP if no policy exists)	

EXPECTATIONS IN EDUCATIONAL ATHLETICS

The administration and staff of our school, all Catholic League schools and the Catholic League Office wish to make it clear that high school sports are an educational activity. Athletes, parents and friends must be aware of our school's expectations with regard to sportsmanship. Catholic School values should be present at our events.

Unlike professional sports, as a spectator at an interscholastic event, you are a part of the activity, much like the athletes, coaches and officials. **As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending school athletic events.**

- It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the school to administer these educational activities.
- At all times it is expected that we will respect one another; adults and students alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

_____	_____	_____
Student-Athlete	Parent/Guardian	Parent/Guardian