2011/2012

Athletic Participant Emergency Form

GRAND TRAVERSE AREA CATHOLIC SCHOOLS

THE DIFFERENCE IS PRAYER

The undersigned does hereby waive, release and forever discharge any claims against the Grand Traverse Area Catholic Schools, its commissioners, employeres, volunteers or agents for damages and/or injuries to the undersigned which may arise from participation in the Grand Traverse Area Catholic Schools Athletic Programs.

Participant Name | *Grade* | *Birthdate* | *Today's Date*

Parent Signature

A minor may not be treated even in an emergency situation except when in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, women under 18 and men under 21 except in cases of extreme emergency. ***The part above MUST be completed before the student/athlete will be allowed to participate in the athletic programs of the Grand Traverse Area Catholic Schools.***

EMERGENCY CONTACT INFORMATION

To whom it may concern: As a parent/guardian, I do hereby authorize the treatment by qualified and licensed medical personnel in an emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me. This release is intended for all sports during the school year listed below.

Name of minor | *Address of minor*

Relationship to you | *Date* | *School Year*

Parent/Guardian Name

Home Phone Number | *Emergency Phone Number*

Family Physician | *Physician Phone Number*

Allergies, reactions or other comments