**BROTHER MARTIN HIGH SCHOOL SPORTS ACTIVITIES AGREEMENT**

DATE: _____

THIS STUDENT HAS DOCTORS AUTHORIZATION TO PARTICIPATE
YES: _____
NO: _____

NAME OF STUDENT: _____

8th 9th 10th 11th 12th Circle One

ADDRESS OF STUDENT _____PHONE:_____

SCHOOL YEAR: 2020-2021

**RELINQUISH OF CLAIMS AGAINST BROTHER MARTIN HIGH SCHOOL**

To the fullest extent allowed by law, I recognize and acknowledge that there are risks in my presence and participation in the School's ATHLETIC ACTIVITIES. I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against the School and its COACHES, ASSISTANT COACHES, ATHLETIC TRAINERS, officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any and all athletic activity I participate in while attending school, regardless if school was at fault in whole or in part.

**MEDICAL RELEASE**

I hereby give PERMISSION to the school REPRESENTATIVE, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

PRINT STUDENT NAME:
_____

Signature_____ Date: _____

(**Attached is a copy of my current health benefit medical card)**

Company Name and type of Plan: _____
_____

INDIVIDUALS TO CALL IN CASE OF EMERGENCY:

PARENT NAME: _____
PHONE NUMBER_____

SECOND INDIVIDUAL TO CALL:
_____RELATIONSHIP:_____
NUMBER_____

FAMILY PHYSICIAN: _____PHONE:_____CITY:_____

ALLERGIES, REACTIONS OR OTHER COMMENTS: _____