

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: 2022-2023

RELINQUISH OF CLAIMS AGAINST BROTHER MARTIN HIGHSCHOOL

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 INDIVIDUALS TO:

CALL: _____ RELATIONSHIP: _____
NUMBER _____

FAMILY PHYSICIAN: _____ PHONE: _____ CITY: _____

ALLERGIES, REACTIONS OR OTHER COMMENTS: _____