

# BROTHER MARTIN HIGH SCHOOL SPORTS ACTIVITIES AGREEMENT

2024-2025

DATE: \_\_\_\_\_

THIS STUDENT HAS DOCTORS AUTHORIZATION TO PARTICIPATE YES: \_\_\_\_ NO: \_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

CURRENT GRADE: Circle One: 8th 9th 10th 11th 12th

ADDRESS OF STUDENT \_\_\_\_\_

PARENTS PHONE#: \_\_\_\_\_ STUDENTS PHONE# \_\_\_\_\_

SCHOOL YEAR: **2024-2025**

## 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: \_\_\_\_\_

Parent 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: \_\_\_\_\_

\_\_\_\_\_