

BROTHER MARTIN HIGH SCHOOL SPORTS ACTIVITIES AGREEMENT

2026-2027

DATE: _____

THIS STUDENT HAS DOCTOR'S 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: **2026-2027**

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: _____