

Attention Catholic League Athletes and Parents

July, 2009

ATHLETE'S NAME: _____ GRADE: _____ SPORT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ASSUMPTION OF RISK -- PROOF OF INSURANCE:

The coaching staff is concerned with our safety and wants you to receive the benefits of athletic participation.

I _____ (signature) Student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury
_____ (Date)

I hereby consent to participation by my child, _____, in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releasees), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

Parent/Legal Guardian Parent/Legal Guardian Date

Name of Insurance Company Policy or group number (Contact Athletic Director ASAP if no policy exists)

EXPECTATIONS IN EDUCATIONAL ATHLETICS

The administration and staff of our school, all Catholic League schools and the Catholic League Office wish to make it clear that high school sports are an educational activity. Athletes, parents and friends must be aware of our school's expectations with regard to sportsmanship. Catholic School values should be present at our events.

Unlike professional sports, as a spectator at an interscholastic event, you are a part of the activity, much like the athletes, coaches and officials. **As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending school athletic events.**

- It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the school to administer these educational activities.
- At all times it is expected that we will respect one another; adults and students alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

Student-Athlete Parent/Guardian Parent/Guardian

Gabriel Richard Catholic Emergency Form

NAME _____ Phone _____

ADDRESS _____ City _____

MOMS CELL _____ DAD'S CELL _____

MOM EMAIL ADDRESS _____

DAD EMAIL ADDRESS _____

BIRTHDATE _____

ALLERGIES: _____ NO _____ YES PLEASE LIST _____

OTHER HEALTH PROBLEMS _____

EMERGENCY CONTACT PERSON (NOTIFY):

FIRST _____ PHONE _____

SECOND _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

IF YOU HAVE A CHOICE, PLEASE LIST YOUR PREFERENCE OF HOSPITAL

FIRST _____

SECOND _____

I GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

INSURANCE COMPANY NAME _____

POLICY NUMBER _____