

HELIAS CATHOLIC H.S.

ATHLETIC CAMPS 2011

PARENT SIGNATURE FORM

Please complete the following form in its entirety. Thanks!

Name of Athlete _____

PERMISSION TO PARTICIPATE

My son/daughter has my permission to participate in a summer sports camp sponsored and conducted by Helias Catholic High School in the sport(s) of _____ during the summer of 2011.

INDEMNIFICATION

As the parent/guardian of the above named athlete, I acknowledge the inherent risks of participation in sports and recognizes that injuries, some extremely serious even resulting in death, can and do occur as a result of such participation. Further, I agree to save, indemnify, and keep harmless Helias Catholic High School, the Helias Catholic School Board and its personnel including volunteers, and the Diocese of Jefferson City against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in a sports camp conducted by Helias Catholic High School.

TREATMENT AUTHORIZATION

As the parent/guardian of the above named athlete, I certify that he/she is free from communicable diseases and fit for full and vigorous participation in sports. Further, I grant consent for representatives of Helias Catholic High School to seek medical attention and for all medical care as prescribed by a duly licensed physician administered under any and all conditions as necessary to preserve the life, limb, or well-being of the athlete.

Parent Signature _____ Date _____

RECOGNIZED MEDICAL CONDITIONS

Does your child have any medical conditions about which the coaching staff should be informed? (allergies, asthma, cardiovascular deficiency, etc.?) Is he/she allergic to any medications? Is he/she using any medications which may affect performance?

EMERGENCY CONTACT PERSONS

Please list three names of persons the coaching staff might attempt to contact in the event of an emergency involving your child. **List phone numbers applicable during the times the camp will be held.**

Name _____	Phone _____	Relation to Athlete _____
Name _____	Phone _____	Relation to Athlete _____
Name _____	Phone _____	Relation to Athlete _____