

**St. Joseph School**  
**Libertyville, IL**  
**Sports Permission & Release Form**

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
As parent/guardian of the child above:

- I acknowledge receipt of the St. Joseph, Lib, IL, Athletic Policy and agree to read it, discuss its content with my child/ward, and to fully comply with the applicable responsibilities set forth therein.
- I certify that it is with my full knowledge and consent that he/she participates in St. Joseph Athletics and that he/she is physically and mentally eligible to do so.
- I agree not to hold St. Joseph School or its coaches responsible for any injury my child/ward may sustain while engaged in either practices or games or while traveling to and from practice or games.
- I acknowledge that all athletic equipment supplied by the school is the school's property, and agree to replace any equipment lost while in the care of my child/ward.
- I hereby authorize the team coach, or his/her representative, to secure emergency medical treatment for my child/ward if injured during practice or game play.

By signature below, I acknowledge reading all of the above and my agreement thereto.

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Parent/Guardian

Date

Medical insurance is **REQUIRED** for all St. Joseph team members. St. Joseph school does **NOT** provide medical or health coverage automatically to students engaged in sports activities or otherwise. Please provide insurance information requested:

Name of insurance provider: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Ph: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Home ph: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_