



ATHLETIC ASSOCIATION

Informed Consent & Waiver Form

Please complete one form per child/participant.

My child and I are aware that participating in (select all that apply): **Soccer** **Cross Country**

for Cape Trinity Catholic Athletic Association (CTCAA) is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other risk conditions.

I. I understand this consent form and hereby waive, release and forever discharge any and all claims against CTCAA, Cape Trinity Catholic, it's administrators, employees, volunteers or agents, Notre Dame de la Mer Parish, its pastoral team, employees, volunteers or agents, as well as the Diocese of Camden and the Bishop of the Diocese of Camden, for damages and/or injuries to the undersigned which may arise from participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same, I do hereby covenant, promise and agree to indemnify and hold harmless the CTCAA, the School, the Parish and the Diocese of Camden and all of the administrators, employees, volunteers and agents of all from and against any claim or claims brought by and/or upon behalf of my child or by and/or upon behalf of any other person arising out of and/or in any way connected with participation in this sport.

I hereby give my permission for my child to participate in the above checked sport activity for CTCAA.

II. As parent/guardian, I do hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when any delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undue discomfort.

STUDENT NAME _____ DOB _____ GRADE _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____

MOTHER/GUARDIAN CELL # _____ WORK # _____

FATHER/GUARDIAN CELL # _____ WORK # _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE # _____

FAMILY PHYSICIAN _____ PHONE # _____

PRE-EXISTING MEDICAL CONDITIONS OF CHILD/PARTICIPANT (I.E. ALLERGIES, CHRONIC ILLNESS, ETC.):

PARENT/GUARDIAN SIGNATURE: _____ DATE _____