

St. Catharine Athletics

Liability Waiver Form

Student-Athlete's Name _____
Address _____
City _____ Zip _____
Parent email address _____
Parent/Guardian's Name _____
Parent/Guardian's Phone _____
Emergency Contact's name _____
Emergency Phone _____

Does the Player Have Asthma? (Circle One) Yes No

In case of emergency, do you want the facilities director to seek medical care?
(Circle One) Yes No

Physician _____ Phone _____

LIABILITY WAIVER: I am aware that participation at St. Catharine Athletic Facilities has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in St. Catharine Athletics, I, the parent/guardian, assume the risk of all injury and agree not to sue St. Catharine Church, coaches, assistant coaches, or volunteer for any and all injuries caused by or resulting from participating in St. Catharine Athletics by signing this waiver.

Parent/Guardian Signature _____

Date _____