

School Name St George Participant Name \_\_\_\_\_  
 Sport \_\_\_\_\_ Participant Grade \_\_\_\_\_  
 Coach All Approved Coaches + Volunteers Participant Date of Birth \_\_\_\_\_  
 Participant Phone # \_\_\_\_\_  
 Participant Address \_\_\_\_\_  
 (include zip code) \_\_\_\_\_

**Catholic Schools Release and Authorization to Participate Form**

I, \_\_\_\_\_, am the parent and/or authorized Guardian of \_\_\_\_\_.  
 (Name) (Participant)

I hereby authorize \_\_\_\_\_, date of birth \_\_\_\_\_, to participate in  
 (Participant) (Participant's Date of Birth)

the \_\_\_\_\_ Program at St. George during the 21 | 22 school year.  
 (Sport/Activity) (Name of School) (Year)

I am aware that there are certain risks of injury inherent in participation in \_\_\_\_\_.  
 (Sport/Activity)

Nonetheless, I, individually and on behalf of my son/daughter, hereby release, acquit and discharge the  
St George, see above, and see above,  
 (Name of School) (Name of Coach/Moderator) (Name of Asst. Coach/Moderator)



their heirs, executors and/or assigns from any and all claims, actions, debts, damages, costs, loss of service, expenses  
 and compensation, whatever, in law or in equity, which may hereafter accrue from or arise out of \_\_\_\_\_'s  
 participation in \_\_\_\_\_.  
 (Participant) (Sport/Activity)

I authorize the coaching staff to provide emergency medical treatment of any injury to or illness by my child if  
 qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to  
 render medical treatment which in his or her judgement may be deemed necessary in the care of \_\_\_\_\_.  
 (Participant)

**Insurance Information:**

Subscriber:	Group Number:
Policy Number:	Company:
Pre-existing Medical Conditions:	

In witness whereof, I sign this form on the \_\_\_\_\_ day of \_\_\_\_\_ (Month) \_\_\_\_\_ (Year).

-  Original to Diocesan Athletic Office
-  Copy on file at school

X \_\_\_\_\_  
 (Parent/Guardian Signature)  
X \_\_\_\_\_  
 (Parent/Guardian Signature)