

ATHLETIC PROGRAM PARTICIPANTS RELEASE

The undersigned does hereby waive, release and forever discharge any and all claims against the St. Mary-Hannah Parish and School its commissioners, employees, volunteers or agents for damages and/or injuries to the undersigned which may arise from the participation in the

St. Mary-Hannah Parish and School Athletic Programs.

SPORT INVOLVED: After school soccer with Fr. Eyob and Mrs. Belles for Gr. 3-7 from 3-4:00 pm; Sept. 30, Oct. 7, 14, 21 & 28, 2020

PARTICIPANT'S GRADE: _____ AGE: _____ BIRTHDATE: _____

PARTICIPANTS NAME: _____

PARENTS SIGNATURE: _____ DATE: _____

As you probably already know, a minor may not be treated even in an emergency situation except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, women under 18 and men under 21 except in cases of extreme emergency. Grandparents, neighbors, sisters, brothers CANNOT authorize treatment.

To whom it may concern: As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

NAME OF MINOR: _____ RELATIONSHIP TO YOU: _____

Season for when release is intended: Sept. 30, Oct. 7, 14, 21 & 28, 2020 from 3-4:00 pm

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

DATE: _____ SIGNED: _____

(Parent or Guardian)

ADDRESS OF MINOR: _____ PHONE: _____

EMERGENCY PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

ALLERGIES, REACTIONS OR OTHER COMMENTS:

