

HOLY APOSTLES ATHLETICS and ARCHDIOCESE OF MILWAUKEE
Medical Information, Emergency Consent, Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____ Grade _____
Address _____
City _____ Zip _____ Phone _____

Parent / Legal Guardian _____
Address _____
Employer _____
Home Phone _____ Work Phone _____ Cell Phone _____

Parent / Legal Guardian _____
Address _____
Employer _____
Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact Person _____ Phone _____

Medical Info: Family Physician _____ Phone _____
Group / Address _____
Hospital of Preference _____

Insurance Info: Subscriber _____ Group # _____
Policy # _____ Company _____

Pre-existing Medical Conditions/Allergies _____

I/we authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my/our child if qualified medical personnel consider treatment necessary. I/we further authorize any qualified, licensed physician to render medical treatment which in his or her judgment may be deemed necessary in the care of
(child's name) _____.

My/our child wishes to participate in the sports program at Holy Apostles School during the 2009-2010 school year. I/we realize that there are numerous risks involved in participating in these sports. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social and recreational activities and to generally enjoy life. I/we have been informed about the various risks associated with our child's participation in these sports and the potential injuries that may occur.

I/we assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of my/our child's voluntary participation in the Holy Apostles Athletic Programs, I/we agree to accept all of the previously mentioned risks as a condition of my/our child's participation. In addition, we acknowledge that we have read, understand and will abide by the Archdiocesan Sportsmanship pledge(s) located in the Holy Apostles Athletic Association Handbook.

Parent / Legal Guardian Signature Date

Player Signature Date

Parent / Legal Guardian Signature Date

Return by July 24th to: HAAA
% Brian Fridl
15885 W. National Ave. #200
New Berlin, WI 53151