

HOLY APOSTLES ATHLETICS and ARCHDIOCESE OF MILWAUKEE

Medical Information, Emergency Consent, Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____
Height _____ Weight _____ 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 _____

Medical Information

Family Physician _____ Phone _____
Group / Address _____
Hospital of Preference _____

Insurance Information

Subscriber _____ Group # _____
Policy # _____ Company _____
Medical Problems _____
Allergies _____

In the event of an injury or illness, I/we grant permission to any and all health care providers designated by Holy Apostles Athletics / Coaches to provide my/our child _____ with all necessary medical care related to the injury or illness. I/we further understand I/we will be contacted as soon as practical as to the medical emergency and will be provided with all necessary information related to the medical emergency.

My/our child wishes to participate in the sports program at Holy Apostles School during the 2008-2009 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. 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 and Date

Parent / Legal Guardian Signature and Date

Player Signature and Date

Return by July 27th to: Attn: Brian Fridl
c/o HAAA
15885 W National Ave. #200
New Berlin, WI 53151