

**ST. BARTHOLOMEW  
SPORTS PROGRAM**

PERMISSION & RELEASE FORM

I hereby give \_\_\_\_\_ (child's name) permission to participate in St. Bart's \_\_\_\_\_ Sports Program.

As parent/guardian of said participant, I hereby fully release and indemnify the Archdiocese of Chicago, St. Bartholomew Parish and School, and their agents, officers, employees and volunteers from any and all claims resulting from any and all claims resulting from any injuries my child/ward may sustain or which may arise out of, or in any way associated with, the activities of this program.

I understand that my child/ward is required to be covered by insurance and presently has:

\_\_\_\_\_ School Insurance (coverage during school hours, including practices)

\_\_\_\_\_ Other

\_\_\_\_\_ Both

I understand that any medical conditions that may inhibit my child's physical conditions or capabilities must be listed on this form; (Asthma; Heart Condition, etc.) and that a doctors note of approval to participate in any sports program shall be submitted to St. Bartholomew.

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

I understand that my child/ward shall obey the rules and regulations of the Athletic Department. I understand that we are responsible for the uniforms and equipment that is distributed to my child/ward for use and must be returned at the end of the sports season.

I have read and fully understand the above Permission and Release form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

In the event that we are unable to reach the parents/guardian in a case of emergency, please list another person that we may contact for the child/ward.

Name

Relationship

Phone

\_\_\_\_\_  
\_\_\_\_\_