Schlarman Academy Athletic and Sporting Events Parental/Guardian Consent Form and Liability Waiver

Student Participant's Name:			
Birth Date:	Sex:		
Parent/Guardian's Name:			
Home Address:			
Home Phone:	Business:	Cell:	
Request for Permission As parent and/or legal guardian, interscholastic athletics in the fol		son/daughter named above to par at apply):	ticipate in
Baseball	Football	Tennis	
Basketball	Golf	Track & Field	
Cheerleading	Soccer	Volleyball	
Cross Country	Softball	Toppettes/Dance Tean	n
Other:			
As parent and/or legal guardian, minor ("participant").	I remain legally responsit	ole for any personal actions taken	by the above named
involved with my child's travel. I f	urther understand that pa	practices and games. I acknowled inticipation in sports presents to meth. Any questions I have concern	y child the risk of harm,
AGREE TO INDEMNIFY AND He chaperons, volunteers or represe liability for injuries, damages, me fees) arising from or related to m	OLD HARMLESS the Cat ntatives associated with t dical expenses, or any ot y child's participation. Add	the sport(s) indicated above, I he holic Diocese of Peoria, the paris he event and their employees and her loss to my child or family, or n ditionally, I give my consent and a blication or video.	th, the school, coaches d agents, from any and all ne (including attorneys' pproval for my child's
extension of the classroom, offer all players, coaches, spectators,	ing important learning exp and officials. I will only pa e spirit of fair play and goo	le model. I will remember that schoeriences for the students. Therefarticipate in cheers that support, end sportsmanship expected by a Cardian of a student athlete.	ore, I will show respect fo ncourage, anduplift the
Signature:		Date [.]	