

## ST. JUDE ATHLETIC ASSOCIATION MEDICAL RELEASE FORM

I do give my child \_\_\_\_\_ permission to participate in

\_\_\_\_\_ (sport). I will not hold St. Jude School, St. Jude Church, St. Jude Athletic Association, Officers, Coaches, and/or any and all personnel and volunteers liable for any injury, medical bills or damages resulting from practice or game activities.

I do hereby certify that I have medical insurance that will afford coverage for such injuries or I am financially able and responsible to provide any payment of any medical bills.

I do give the coach or his representatives my permission to bring my child to a doctor or hospital in the event of any injury or emergency during practice or a game if the parent or guardian is not present at the time. I further agree to release from liability the coach or representative for any and all injuries suffered as a result of the transport of my child to/from the doctor or hospital, if such transportation is deemed in the child's best interest in the discretion of the coach or his representative.

I have been advised by the Coaches and Athletic Director of the St. Jude Athletic Program that my child should have a complete physical prior to his/her participation in school or church sports. I agree to release from liability St. Jude School, St. Jude Church, St. Jude Athletic Association, its Officers, Coaches, and/or any and all St. Jude personnel and volunteers for any and all injuries, directly or indirectly, resulting from the failure to obtain this physical examination.

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Signature of Parent/Guardian

Date

### PARENT CONTRACT

I/We, the parents of the player stated below, understand that participation in the CSAL and CYO programs is a privilege that must be supported by parents and understand we/I shall (where applicable):

- Be expected to **work the gate and/or concessions** at home games, including set up and clean up.
- Place the emotional and physical well being of all players ahead of any personal desire to win, knowing the athletes have given it their best.
- **Support** the coaches, referees, players and parents in a positive manner and refrain from critical comments or gestures.
- **Ensure** that my child is on time to all practices, games, and other team functions.
- **Preserve our uniforms** according to the instructions in the handbook (no bleach, hot water or use of the dryer). I understand that I/we will be charged full replacement value for damage or failure to return the uniform. See page 3 in handbook.

I have read and understood the expectations in the Athletic Handbook and agree to the parent's contract as detailed above.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Player's name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Email address \_\_\_\_\_ Ph # (emergency) \_\_\_\_\_

Child's shirt size: YS YM YL AS AM AL AXL (needed for teams with practice shirts—CC, track, swim, FB, other