



St. Theodore Guerin Catholic High School Athletic Agreement and Medical Release Waiver

Please read and complete the following agreement carefully, then submit it with your student's athletic registration form.

In consideration of my participation in Guerin Catholic High School Athletic Programs, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of participation as defined in the Guerin Catholic High School (GCHS) Student-Athlete Handbook
2. **Readiness to Participate:** I will only participate in those GCHS athletic activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have prepared myself physically and mentally to perform only those activities which I have accomplished to the degree of confidence necessary to assure that I can perform them by myself and without injury and improve the quality of my and my teammates' experience with GCHS athletics. I agree that I will follow all reasonable directions and commands of my coaching staff.
3. **Medical attention:** I hereby give my consent to GCHS to arrange transportation to a medical facility or onsite emergency medical services as warranted in the course of my participation.
4. **Waiver and Release:** I am fully aware of and appreciate the risk of injury, including the risk of catastrophic injury, paralysis, even death, as well as other damages and losses associated with participation in athletic activities.

I further agree that GCHS and its employees, agents, officers, volunteers and/or directors shall not be liable for any losses or damages occurring as a result of my participation in the athletic program, except where such loss or damage is the result of the intentional harm or reckless conduct of one of the organization or the individuals identified above.

I currently am aware that I have the following medical conditions, but these do not prevent me from participating in GCHS Athletics: _____

I am currently taking the following medications: _____

I am allergic to: _____ Date of last tetanus shot: _____

I wear contact lenses: Yes _____ No _____ Hard Lenses _____ Soft Lenses _____

Student Signature: _____ **Date:** _____

As a legal parent or guardian of this athlete, I hereby verify, by my signature below, that I fully understand and accept each of the above conditions for permitting my child to participate in the GCHS sport for which I have registered him/her. In the event that I cannot be reached, I hereby give my consent to the attending physicians, trainers, and coaches to secure and/or administer emergency medical aid and obtain ambulance service if needed.

Parent/Guardian Signature: _____ **Date:** _____

1st Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Primary Medical Insurance Carrier: _____

Hospital Preference: _____