

## Archdiocese of Milwaukee

### Parent / Legal Guardians Risk Acknowledgement & Consent to Participate

My/our child wishes to participate in one of the sponsored sports with St. Dominic's Athletic Association. I/We realize that there are numerous risks involved in participating in the sport(s). 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. I/We understand the various risks associated with my/our child's participation in sport(s) 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 our child's voluntary participation in sport(s), I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

I/we agree to adhere to the policies outlined in the St. Dominic Athletic Handbook, the by-laws of the Athletic Association, and "Policies and Regulations for Athletics" published by the Archdiocese of Milwaukee. These documents are located on St. Dominic's website at [www.stdominic.net](http://www.stdominic.net).

### Medical Information & Emergency Consent

**A current Archdiocese of Milwaukee Physical Examination form must be on file with the St. Dominic Athletic Association prior to participating in tryouts, practices or games.** These are required every 2 years. Forms are available on the St. Dominic website at [www.stdominic.net](http://www.stdominic.net) and are also included in this registration packet.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Group/Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Ins. Subscriber Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Company: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

In the event of a injury or illness I/we grant permission to any and all health care providers designated by St. Dominic Athletic Association to provide my/our child any and 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 be provided with all the necessary information related to the medical emergency.

Athlete's Name \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Email address: \_\_\_\_\_

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