St. Paul School and Parish of St. Katherine Drexel
Liability and Medical Release Form

I/We, the parent(s) or legal guardian of the student listed on this form, certifies that she/he has my full approval to participate in cheerleading. The child identified on this form understands that she is expected to abide by the rules set forth by the coach(s) and St. Paul's School. I/We and the child also understand that cheerleading is a sport in which physical injury or even death may occur.

Further I do authorize and hereby agree to hold blameless St. Paul's School, Parish of St. Katharine Drexel and its coaches from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in this activity.

Further, I do authorize the coach(s) to seek the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. This authority is granted only after a reasonable effort has been made to reach me.

My consent and signature is given below. I have read and agree to the information given on this entire form.

_____ Date_____
Signature(s) of Parent(s) or Legal Guardian

Subscribed and sworn to me on this _____day of _____2018

_____
Notary Signature **My Commission Expires**

PLEASE PRINT CLEARLY

Student's name_____ D.O.B._____

Indicate date of last physical. _____
Indicate specific medical allergies, chronic illnesses, medications, or other medical conditions and or limitations that the coaches and/or medical personnel should be aware of:

_____

_____

Name of Parent(s) and/or guardian: _____

Address: _____

Daytime Phone #: _____ Cell #_____

Evening Phone #: _____ Email Address: _____

Family Physician: _____ Phone #: _____

Name of Health Insurance Carrier & Policy #: _____

Name and phone number of other person to contact in case of emergency: _____

_____

Relationship to child: _____