OFFICE OF CATHOLIC SCHOOLS CATHOLIC DIOCESE OF PEORIA, IL

ATHLETIC AND GROUP EVENTS PARENTAL / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Student Participant's Name:				
School / City:				
Date of Birth:	Male	Female		
Parent/Guardian's Name:				
Home Address:			_	
Home Phone:	Business:	Cell:		
	REQUEST FOR PER	RMISSION		
	, I give permission for my son/daugh Illowing sports during the			
Archery Basketball Cheerleading Cross Country	Dance Team Football Golf Marching Band	Soccer Softball Swimming Tennis	Track & Field Volleyball Wrestling	
	, I,ed minor ("participant").		– onsible for any personal	
I am aware that participating in s with my child's travel. I further u	ed minor ("participant"). sports will involve travel to practices understand that participation in sport y or death. Any questions I have co	and games. I acknowledge an ts presents to my child the risk	d accept the risks involved of harm, including, but not	
INDEMNIFY AND HOLD HARM or representatives associated w medical expenses, or any other	ng allowed to participate in the sport LESS the Catholic Diocese of Peoria ith the event, and their employees a loss to my child or family or me (incl my consent and approval for my chi	a, the parish, the school, coache nd agents, from any and all lial uding attorneys' fees) arising fr	es, chaperones, volunteers bility for injuries, damages, om or related to my child's	
the classroom, offering importan spectators, and officials. I will o	acknowledge that I am a role model t learning experiences for the studer nly participate in cheers that suppor sportsmanship expected by a Catho dent athlete.	nts. Therefore, I will show respe t, encourage, and uplift the tea	ect for all players, coaches, ms involved. I understand	
Signature:		Date:		