

St. Ann School 2023-2024

Athletic - Parent/Guardian Consent Form & Liability Waiver

Student's Information	(Please compl	ete one form per	student)	
Student/Child's Full Name		Date of Birth	Sex	Grade
Parent/Guardian's Name – Please Pr	int			
Home Address	Emergency Contact & Telephone Number			
Cell Phone w/Area Code		Email Address		
Medical Information including Insurance Information & Physician Contact				
Insurance Company	Policy Number			
Primary Physician (To call in case of a	n emergency)	T	elephone Number w/Are	ea Code
Mar Com/Download Coffees	F			
My Son/Daughter Suffers From:				
And is taking:				_
Parental/Guardian Cons	ont — Consont I	iorm will romain	active and on fil	lo until luno 1 st 2024
I do hereby waive, release and di claims for damages resulting from	scharge St. Ann Scho	ol and its respective sta	ff, employees, and vol	unteers of all rights and
I also understand that it is my r in writing, of any changes, incl the child's health and ability to	uding emergency co		•	,
I understand that this consent form covers the entire 2023-2024 school year and includes any special events related to all sports listed below, on and off campus.				
Athletic Teams included are; Flag Football, Cross Country, Volleyball, Basketball, Cabbage ball, Softball, Bowling, Baseball, Cheerleading, Swim, Dance, and any teams that might be added during the school year.				
My Child's Dismissal Plan (Plea	se Check One)	Daycare	Car Rider	Walker
I also give permission for St. Ann School officials and/or volunteers to take the necessary steps required for my son/daughter to receive medical treatment in case of an emergency.				
Mother/Guardian Signature		Date of Signature		Contact Telephone Number
Father/Guardian Signature		Date of Signature		Contact Telephone Number