



St. Ann School
2026-2027

Athletic - Parent/Guardian Consent Form & Liability Waiver

Student's Information (Please complete one form per student)

Student's Child's Full Name

Date of Birth

Sex

Grade

Parent/Guardian's Name

Cell Phone with Area Code

Home Address (Street, City, State, Zip)

Email Address

Medical Information, including Insurance Information & Physician Contact

Insurance Company

Policy Number

Primary Physician (To call in case of an emergency)

Telephone Number w/ Area Code

My Son/Daughter Suffers From:

And is taking:

**Parental/Guardian Consent
Consent Form will remain active and on-file until June 1st, 2027**

I do hereby waive, release and discharge St. Ann School and its respective staff, employees, and volunteers of all rights and claims for damages resulting from injury of my minor child, which may be suffered in connection with participation in the Club.

I also understand that it is my responsibility as the child's parent or legal guardian to immediately notify St. Ann School, in writing, of any changes, including emergency contact information, medical insurance coverage, and any changes to the child's health and ability to participate.

I understand that this consent form covers the entire 2026-2027 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 (Please 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