



# MEDICAL CLEARANCE AND PARENTAL PERMISSION TO PLAY (Side 2)

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_

*(If different from student's.)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number Mother's Work Phone Number Father's Work Phone Number

\_\_\_\_\_  
Name of Family Doctor Family Doctor's Phone Number Hospital for Emergency

\_\_\_\_\_  
Name of Emergency Contact Phone Number of Emergency Contact

I, the parent/guardian of the above-named student, request St. Ignatius College Preparatory to allow my child to participate in the following sport(s):

Sport(s): \_\_\_\_\_

I am aware that participation in the above-named sport(s) has some inherent physical risks, that injuries can and may occur; on rare occasion these injuries can cause temporary or permanent disability, temporary or permanent paralysis, or death. In consideration for my son/daughter being allowed to play on the above-named team(s), I assume the risk of all injury, paralysis, or death caused by his/her participation in the above-named program(s). I agree to release from any legal liability and agree not to sue St. Ignatius College Preparatory, administration, Athletic Department, coaches, agents, or volunteers for any and all injuries caused by or resulting from any participation in the above-named program(s).

I have read and will abide by the policies set forth in the St. Ignatius Athlete & Parent Handbook. I further understand that the St. Ignatius Athletic Department will enforce all rules and regulations contained in the St. Ignatius Athlete & Parent Handbook. *Note: The St. Ignatius Athlete & Parent Handbook is published in July prior to the start of the school year.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT TO COMPLETE THIS SECTION

I have voluntarily requested to participate in the St. Ignatius sport program(s) listed above. I am aware that participation in the above-named sport(s) has some inherent physical risks. In consideration for being allowed to play on the above-named team(s), I freely assume these risks. I have read and will abide by the policies set forth in the St. Ignatius Athlete & Parent Handbook. I further understand that the St. Ignatius Athletic Department will enforce all rules and regulations contained in the St. Ignatius Athlete & Parent Handbook. *Note: The St. Ignatius Athlete & Parent Handbook is published in July prior to the start of the school year.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_