

Archdiocese of Chicago

Child/Minor Athletic Participation Release Form

Child/Minor Name: _____

Address: _____

Parent/Guardian: _____

Cell Phone #: _____

-Important Information-

The Catholic Bishop of Chicago (CBC) and St. Raymond Parish (the Parish) are committed to conducting its athletic programs and activities in the safest manner possible and holds the safety of Participants in the highest possible regard. Participants and parents registering their child in the athletic program must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions, which have been designated to protect the participant's safety.

Please recognize that the CBC and the Parish do not carry medical accidental insurance for injuries sustained in its programs. The costs for such would make the program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is appreciated.

-Waiver and Release of All Claims-

Please read this form carefully and be aware in registering your minor child/ward for participation in any/all athletic program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of any/all athletic programs from June 15, 2023 through June 15, 2024.

As a parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program, against the CBC, the Parish and their agents, servants and employees.

I do by hereby fully release and discharge the CBC and the Parish and their officers, agents, servants, and employees from any and all claims from injuries, (including death), damage or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward on account of participation in the program.

I further agree to indemnify, hold harmless and defend the CBC, the Parishes officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages, and losses sustained by me or my minor child or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or the Parish to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program details. Waiver and Release of All Claims and Permission to Secure Treatments.

(Parent/Guardian Signature) (Date)

ST. Raymond School Athletic Association

Medical Permit – Emergency Treatment – Medical Information – Travel Release/Direction

Students in grades 4 through 8 are encouraged to join our athletic teams for instructional and/or competitive play. All children are eligible to participate in St. Raymond's Sports Program. The emergency Treatment Form below must be completed and returned. Your child will not be permitted to practice or play until this form is completed. Each child needs his or her own form. It is the parent's responsibility to inform the school of any change of doctor or health condition. Thank you for your cooperation.

EMERGENCY TREATMENT FORM

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Name of Minor _____ Grade: __ Relationship: _____ Son ___ Daughter ___

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Circle one: Mother – Father – Legal Guardian

Address: _____

Phone: _____

Child's Physician: _____ Phone: _____

Any Specific Medical allergies, chronic illness or other conditions:

Further contact in case of emergency: Name: _____

Relationship to child: _____

Private health insurance or school activity insurance is required before allowing students to participate.

Insurance Carrier: _____ Insurance

Number: _____

Travel Release Form for St. Raymond Athletics & Events

As a parent/guardian of the above-mentioned child, I do hereby authorize the above athlete to travel to any scheduled athletic event. The athlete may be transported to the scheduled event by automobile, van, or other reasonable mode of transportation. The transportation will be provided by coaches, parents of other athletes, or volunteers 21 years of age or older.

In consideration of providing transportation, the undersigned, as a parent/guardian of the above named athlete, agrees to hold the Archdiocese of Chicago, St. Raymond School, School Board, Athletic Association, coaches, or any volunteers, harmless and free from any liability regarding accidents, negligence, or mishap in connection with transporting the above athlete to and from athletic events for the negligence of the driver.

This release is to be effective from June 15, 2023 thru June 15, 2024.

Parent / Guardian Signature	Date
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I will personally transport my child to and from all athletic events in 2023-24 or I will make my own arrangements for the transportation of the athlete. Child's name: _____ Grade: _____

Parent / Guardian Signature	Date
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