Chaminade College Preparatory
Participation, Consent and Release Agreement

Inter-Scholastic Athletic Program: Tackle Football

Name of Student: _____ Grade: _____
(Last) (First) (MI)

Address: _____ City: _____ Zip: _____

Chaminade College Preparatory offers its students the opportunity to participate in extra-curricular athletic programs, with off-campus events, that are not required as part of the School's educational program and in which student participation is completely voluntary. Such activities may bear greater risk of injury than what is encountered in normal daily life. No student may participate in the above named program or event, absent the express written consent of his or her parents. **By signing below, the undersigned parent/legal guardian permits their student to participate in the program listed above. Such participation includes engagement in athletic activities and travel with the team as a member to its non-home games.**

The undersigned parent assumes all risks in connection with the student's participation in any and all of the above referenced activities and hereby releases and discharges Chaminade College Preparatory, its officers, trustees, employees and agents from all liability, claims or demands for any damage, loss, or injury to the student, the student's property, or parent's property in connection with participation in these activities and related transportation.

I hereby give my permission to Chaminade College Preparatory to render first aid and to obtain medical/surgical care, including hospitalization, for any illness or accident for my child named above. In the event that I cannot be reached in an emergency, I also authorize any hospital emergency department physician or medical staff to make examinations and render medical and/or surgical treatment deemed necessary for the preservation of my child's health and welfare. I understand that any cost for medical treatment shall be my sole responsibility. The undersigned parent releases Chaminade College Preparatory and its employees, as well as any attending hospital emergency department physician and medical staff from any liability in exercising this authorization.

This Agreement shall be binding upon the parent/legal guardian(s) whose signature(s) appears below and their respective assigns, and inure to the benefit of Chaminade College Preparatory and its respective successors and assigns. This Agreement and the rights and obligations of the parties hereunder shall in all respects be governed by and construed and enforced in accordance with the laws of the State of California.

Parent/Guardian (print): _____

Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

NOTE: When required, Physical Examinations are valid for one calendar year from date of exam, subject to reexamination should there be evidence of a health / physical change, deterioration or impairment during the calendar year.

If your child's medical / physical health has changed since you submitted a prior physical, it is your responsibility to provide the School with an updated Medical Card, including a current physical evaluation – regardless of the time lapse since the prior evaluation.

Chaminade College Preparatory
Students Heath Insurance and Medical Information

Name of Student:_____Birth date: _____
(Last) (First) (MI)

_____ _____
Insurance Company Insurance Phone Number

_____ _____
Insurance Policy Number Insurance Group Number

Certification of Physical Examination for Athletes (completed by Physician)
Valid for <u>one school year</u>- date of exam must be no earlier than November 15, 2016.
Parents are responsible to have Athlete re-examined by a Physician should there be evidence of physical deterioration or impairment after the exam submitted.

Age: _____ Height:_____ Weight:_____ Male_____ / Female_____

Blood Pressure: _____/_____ Heart Rate: _____

Medication Information (attach list if needed)

Medication	Dosage and Frequency	Condition Being Treated

Allergies: _____

Medical History: □ Diabetes □Anemia □Asthma □Heart Conditions □Sickle-Cell Trait

Other Conditions:

Physician: I certify that I have on this date examined and found this student physically fit and able to participate in Inter-Scholastic Athletics.

Physicians Signature: _____ Date: _____

Physicians Name: _____

Address: _____

_____

Phone: _____

Form not valid unless stamped