

Athlete Name: \_\_\_\_\_ School Year \_\_\_\_\_  
(Please Print)

**I. Permission to Participate**

I hereby grant permission for my son/daughter to participate in sports at St. Vincent Pallotti High School.

**II. Statement of Risk**

I acknowledge that St. Vincent Pallotti High School and the Diocese of Washington assume no responsibility for any risks associated with voluntary participation in school sponsored sports. I also understand that these sports activities may involve risk of serious injury or death and I fully accept these risks on my child's behalf.

**III. Statement of Liability**

In exchange for the opportunity to participate in school sponsored sports, I freely and fully waive any claim by me, my spouse, or my child, against St. Vincent Pallotti High School and its employees, arising from a sports related injury or transportation to/from a sporting event.

**IV. Statement Concerning Transportation**

I understand that when St. Vincent Pallotti High School does not provide bus or van transportation; my child will be responsible for arranging his/her own means. I agree, also, not to hold St. Vincent Pallotti High School or its employees responsible for any problems that may arise from these personal arrangements.

**V. Consent to Treat**

- A. In the event that my child develops an illness or sustains an injury while participating on a St. Vincent Pallotti High School athletic team, I hereby grant permission for my son/daughter to receive the appropriate medical care as deemed so by the Certified Athletic Trainer, Team Physician, or Coach. In the event of a serious illness or injury, I understand that every attempt will be made to contact me.
- B. I hereby grant permission to the Certified Athletic Trainer (St. Vincent Pallotti's or otherwise) to proceed with any necessary evaluation, minor medical treatment, and/or rehabilitation of injuries sustained by my child.
- C. Permission is hereby granted to the St. Vincent Pallotti High School Certified Athletic Trainer to proceed with any necessary use of modalities (i.e. ice, moist heat, ultrasound, electrical stimulation, T.E.N.S., paraffin bath, compression unit, and whirlpools) for the care, treatment, and rehabilitation of my child. All modalities will be used under the orders of the St. Vincent Pallotti High School Team Physician and will only be administered by the St. Vincent Pallotti High School Certified Athletic Trainer.

**VI. Equipment**

I accept responsibility for the equipment issued to my son/daughter and understand that I will be billed for the replacement costs for equipment damaged or not returned.

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