

# Student / Athlete Informed Consent and Waiver Form



Christ the King Regional School  
164 Hopkins Ave  
Haddonfield, NJ 08033  
Phone: 856-429-2084

- Field Hockey       X Country  
 Track and Field       Basketball  
 Cheer Squad

**Date:**

**Student Name:**

**Address:**

**City, State:**

**Zip/Postal Code:**

**Grade:**

**Birthdate:**

**Home Phone:**

**Cell Phone:**

My Child and I are aware that participating in an athletic competition sport at Christ the King Regional School is a potentially hazardous activity. We assume all risk associated with participation in this sport, including but not limited to falls, contact with other participants in the effects of the weather, traffic, and other conditions. I understand this informed consent form and hereby waive, release, and forever discharge any and all claims against Christ the King Regional School, its employees, volunteers and coaches, as well as the Diocese of Camden arise from participation in this sport and in consideration of maintaining the sports program and allowing my child to participate in same. I promise and agree to indemnify and hold harmless the School and the Diocese of Camden and all administrators, employees, volunteers, and agents of both from and against any claim or claims brought by and/or upon behalf of my child and by and /or any other person arising out of and/or in any way connected with the participation in this sport.

PARENT/ GUARDIAN   AS LEGAL GUARDIAN, I AGREE

I also agree to follow the school athletic guidelines as set fourth in the athletic handbook. In the event I have a question, concern, or dispute concerning the sport or team my child is participating. I will first attempt to resolve any issue by contacting the coach or assistant coach. If not satisfied, I will contact the athletic director. If not satisfied, I will request to speak to the Athletic Committee for resolution. Principal Mrs. Anne Hartman, is a active member of the athletic committee and is involved on the committee level. I agree that all decisions made by the Principal and the Athletic Committee are final. I will not bypass this sequence of events by going directly to Mrs.Hartman or Fr. Jim Dever without first contacting the above individuals.

PARENT/ GUARDIAN   AS LEGAL GUARDIAN, I AGREE

## Medical Information

As parent/guardian, I do hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant authority only when I cannot be reached through a reasonable effort, or when the delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undue discomfort.

**Family Physician:**  **Physician phone:**

**Insurance Plan :**  **Insurance ID # :**

## Person to Notify in Case of Emergency

|                   |                      |                   |                      |
|-------------------|----------------------|-------------------|----------------------|
| Name (1):         | <input type="text"/> | Name (2)          | <input type="text"/> |
| Phone: (H) (Cell) | <input type="text"/> | Phone: (H) (Cell) | <input type="text"/> |
| Relationship:     | <input type="text"/> | Relationship:     | <input type="text"/> |

LIST PREEXISTING MEDICAL CONDITIONS OF CHILD (E.G. ALLERGIES, CHRONIC ILLNESS, ETC. ALSO NOTE ANY MEDICATION HE/SHE MAY NEED) :

Email form or Print, Sign and submit hardcopy to coach

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_