

ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant _____ Birth Date _____

Address _____

1) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Parent/Guardian _____

Parent/Guardian Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My/our child wishes to participate in the sport(s) of (list all)
_____ during the _____ school year.

I/We realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with our child's participation in the above listed sports and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of nay medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Parent/Legal Guardian Date

Parent/Legal Guardian Date