

Sacred Heart Catholic School

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SPORTS PERMISSION FORM AND ACKNOWLEDGEMENT OF RISK OF INJURY

Student's Name:

Home Phone:

Address:

City, Zip Code:

Parent or Guardian:

Work Phones:

Cell Phones:

Email Address:

I understand and accept that there are risks of serious injury and death in any sport, including the one(s), which my child has chosen to participate. I hereby give permission for my child to participate in the following sports:

1. _____
2. _____
3. _____
4. _____

I give permission for the student to travel with the school's athletic program to and from games and tournaments using parent volunteer drivers. As a parent or guardian, I hereby give consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication, should an accident or other medical emergency occur during a trip or activity and the responsible leader is unable to reach me. As parent or guardian, I also agree to be responsible for all debts not covered by Sacred Heart Catholic School that are incurred by the student during the trip or activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student, and for all transportation costs to prematurely return the student to Medford, Oregon, should the student's continued participation jeopardizes the safety or health of the other participants.

Signature of Parent or Guardian: _____ Date: _____

Accredited by the Northwest Association of Schools & Colleges

Certified by the Western Catholic Education Association