

# St. Susanna Athletics Emergency Medical and Liability Release Form

**PLAYER NAME:** \_\_\_\_\_

I hereby certify that I am the parent/guardian of the player named above, and that to the best of my knowledge, he/she is physically fit to participate in all GCCYS, GCYL or St. Susanna Parish sponsored sports for the school year \_\_\_\_\_. I hereby consent to said player competing in St. Susanna Parish sponsored sports.

It is understood that by signing this contract, I agree to abide by the rules and regulations of the GCCYS, GCYL, Archdiocese and St. Susanna Parish Organization. It is also understood that by signing this contract it releases from liability: GCCYS, GCYL, St. Susanna Parish and School, Coaches, St. Susanna Booster Organization and Archdiocese in connection with any injury to the above mentioned player.

I further agree that he/she may be transported when necessary, in privately owned vehicles to and from places of such activities and will not hold these drivers responsible for any injury to my child in case of any accident.

**INSURANCE:** It is the responsibility of each parent / guardian to adequately cover a child participating in the GCCYS, GCYL or any St. Susanna Parish sponsored sports activities with proper insurance. The GCCYS, GCYL and St. Susanna Boosters carry no insurance and assume no responsibility for same.

**IN CASE OF EMERGENCY, WE REQUIRE THE FOLLOWING INFORMATION:**

**NAME OF DOCTOR** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**TYPE OF INSURANCE** \_\_\_\_\_ **POLICY NO.** \_\_\_\_\_

**PREFERRED HOSPITAL** \_\_\_\_\_

**PARENTS NAME AND NUMBER TO BE REACHED IN CASE OF EMERGENCY:**

**FATHER** \_\_\_\_\_ **PHONE #'s** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **PHONE #'s** \_\_\_\_\_

**RELATIVE OR NEXT OF KIN** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EXISTING MEDICAL CONDITIONS** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_