



## Consent to Play

Student: \_\_\_\_\_ School: \_\_\_\_\_

Sports for which the student plans to participate: \_\_\_\_\_

1. I/we hereby give consent for our child/ward to participate in interscholastic sports listed above.
2. I/we am/are aware of the potential danger of concussion and/or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
3. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands the serious injury and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved I/we release and hold harmless my child's /ward's school against which it competes, the contest officials and coaches and the Archdiocese of Miami including all of its affiliated entities and agents of any legal responsibility and liability for any injury or claim resulting from such athletic participation I/we agree to take no legal action against my child/ward's school, the schools against which he competes, the contest officials, coaches and Archdiocese of Miami because of any claim, cost or cause of action arising in any way from athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child is under the supervision of the school.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sport until this document is on file with the principal.

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

Athletic Director or Principal Initials: \_\_\_\_\_

Note: This document must be completed and endorsed by the parents or guardian and kept on file at the school. When received, the document should be date stamped and initialed by the athletic director or the principal

### Our Mission Statement

Saint Jerome Catholic School is a Eucharistic family that empowers students to grow in knowledge, love, and respect. Inspired by the Gospel, we engage our parish and school community in joyful service.

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