

**St. Michael Catholic High School
Consent for Athletic Participation**

State regulations require each participant in any school athletic program be covered by adequate insurance and have a current physical on file at the school. If you want your child to participate in the athletic program, off season workouts, or summer conditioning at St. Michael Catholic High School, please complete the following information requested below.

Student/Athlete: _____

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

The above named student/athlete has adequate insurance coverage by:

Name on insurance card: _____

Name of company: _____ Policy #: _____ Group #: _____

Name of physician: _____ Phone #: _____

I hereby give permission for my child, _____
to participate in the sports and conditioning program at St. Michael Catholic High School. I understand that risk of injury, even catastrophic injury, is a potential in any athletic program. I assume all medical responsibilities in the event my child becomes injured while participating in the athletic program at St. Michael Catholic High School. I also give my permission to seek medical/dental attention for my child in the event that I cannot be reached.

Parent Signature: _____ Date: _____

Note: Any retraction of permission to participate in the sports program at St. Michael Catholic High School should be submitted in writing to the athletic director. A new consent form must be completed if there are any changes to your medical insurance policy.