

Medical Treatment Authorization and Liability Release

I, the undersigned parent or guardian of _____, hereby grant permission for my son/daughter to participate in the sport of basketball and/or cheerleading for the Orange County Parochial School League 2019-2020 season, and at the Tournament and/or Cheerleading Competition to be held at Mt. St. Mary College at the Kaplan Center in March 2020.

In order that my son/daughter may receive the necessary medical treatment in the event that he or she may sustain an injury or illness during participation in any such activity. I hereby authorize my child's cheerleading and/or basketball coach or other supervising adult to obtain medical treatment for my child regarding any such injury or illness. I hereby hold the Orange County Parochial School League, its officers, directors, representatives, and volunteers, as well as the Kaplan Center and Mt. St. Mary College staff, faculty, and representatives, harmless in the exercise of this authority.

I understand that these activities involve risk to the participant. I further acknowledge and understand that due to the nature of this activity, there is a possibility that my son/daughter may sustain physical injury or illness in connection with any participation in athletics and the sport of cheerleading and/or basketball. I further acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his or her participation. I hereby release the Orange County Parochial School League, its officers, directors, representatives, and volunteers, and Mt. St. Mary College, the Kaplan Center, and their staff, faculty, and representatives from any and all claims for personal injury or illness that my child may sustain during participation in cheerleading and/or basketball.

I further understand that the Orange County Parochial School League, its officers, directors, and volunteer participants, Mt. St. Mary College and the Kaplan Center, its faculty, staff, and representatives, have established rules and regulations pertaining to conduct, behavior, and activities of all students, cheerleaders, basketball players, spectators, and other visitors, by which my child must abide during participation in all activities, and that my child and I will be responsible for his or her failure to abide by those rules and regulations and any of the consequences of that failure to so abide.

My child and I have read and understood the above Treatment Authorization and Liability Release.

Signature of Parent or Guardian

Date

Signature of Coach

Signature of Participant

Date