

**BISHOP LOUIS REICHER ATHLETICS RELEASE
CONSENT AND MEDICAL INFORMATION**

To: Bishop Louis Reicher School Year: 2020-2021 Grade _____

Re: Participating Child _____ Birth Date _____

I, the person signing below, the parent or legal guardian of the participating child identified above, hereby authorize and consent to Bishop Louis Reicher School allowing my child to participate in Intramural/Junior High Athletics during the current school year. I understand that my child's participation in Intramural/Junior High Athletics is a privilege subject to all school policies. I also understand that my child and my family are representatives of Bishop Louis Reicher School, and that if either my child or any member of my family does not conduct themselves appropriately, then at the Principal's sole and absolute discretion, may prohibit my child from participating.

I understand that Intramural/Junior High Athletics is voluntary and that volunteers may coach. I release, hold harmless and covenant, not to sue any of St. Louis Church, Bishop Louis Reicher School, its administrators, teachers, staff, parents and/or volunteers for any claim or cause of action which may arise as a result of my child's participation in Intramural/Junior High Athletics.

I hereby, authorize Bishop Louis Reicher School, its administrators, teachers, staff, parents and/or volunteers to obtain any necessary or appropriate medical care and treatment for my child and authorize such persons to make any decisions required for medical treatment. I authorize any health care provider to treat my child, and I acknowledge full financial responsibility for all costs incurred. I have provided the requested medical information below. I understand a copy of this document will be provided to the coaches.

Ins. Company/Provider _____ Group# _____

Subscriber# _____ Network# _____

Physician Name/Phone# _____

Medical Conditions/Medications _____

Home Phone _____ Work Phone _____

Mobile/Cell Phone _____ Pager# _____

Other persons to contact incase of emergency:

Name: _____ Phone# _____

Name: _____ Phone# _____

Signature of Parent or Legal Guardian

Date