



107 S. Greenlawn Ave. South Bend, IN 46617 • 574-287-5590

## PARENT CONSENT/RELEASE FORM

June 1, 2013/June 1, 2014

Child's Name \_\_\_\_\_ Birth-Date \_\_\_\_\_ Sex M/F \_\_\_\_\_ Grade 2013-14 \_\_\_\_\_

I grant permission for the child named above to participate in Trinity School athletic events. In the event of an emergency, I authorize his/her teachers, coaches, assistant coaches or adult supervisors to act on my behalf in providing, arranging and consenting to medical care. I understand that Trinity School does not provide medical insurance coverage for those children who are participating in athletic activities sponsored by Trinity School. Therefore, I assume responsibility for any medical expense, personal injury or other loss sustained by my son/daughter and I agree to hold harmless and indemnify Trinity School Inc. and the People of Praise, Inc., and their agents, which includes but is not limited to, coaches, supervisors, assistants and helpers, whether adult or minor, whether paid or voluntary, from any loss or liability.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have any medical conditions which would prevent, restrict or limit his/her participation in athletics?

NO YES (circle one)

If you have answered YES to the preceding question, you must enclose a letter or a report from your doctor stating his/her opinion that your child may participate. If there are any restrictions, the doctor must set forth the restrictions or limitations in writing.

Name and phone number of someone other than parent/guardian who may be contacted in case of an emergency.

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_

**THIS FORM IS NECESSARY FOR YOUR CHILD TO PARTICIPATE. FOR EXAMPLE, AREA HOSPITALS MIGHT DELAY OR REFUSE TREATMENT WITHOUT THIS FORM IN HAND.**