

**Waukesha Catholic
Athletic Permission Form**

Student's Name _____ Boy _____ Girl _____

Address _____

Telephone _____ Grade level (2010-2011) _____

Date of Birth _____ Email _____

My son/daughter has permission to participate in the following athletic programs at Waukesha Catholic for the **2010-2011** school year:

Volleyball _____ Basketball _____ Track _____

Fees are as follows: Volleyball – \$40, Basketball - \$50, Track - \$30 with a *family maximum of \$185*. Fees are due upon sign up and are nonrefundable.

In granting my child permission to participate, I also agree to do my share of the work at sports functions. This will include working concessions and admissions at our gyms for league play as well as tournament play. My signature assures that I have read the Athletic Handbook (available at wcssonline.org) and that I will follow all rules set by the Athletic Board.

I/We realize that there are numerous risks involved in participating in any of the above activities. These risks could involve (but are not limited to) sprains, contusions, broken bones, lacerations, concussions, permanent disabilities, internal injuries, paralysis, and possible death. These risks could impair my/our child's future abilities to earn a living, engage in business, social and recreational activities, and to generally enjoy life. I/We have been informed about the various risks associated with our child's participation in any of the above activities and the potential injuries that may occur.

I/We assume all responsibility and certify that my/our child is in good physical condition and has undergone a physical examination in the past two years. Further I/We are unaware of any medical condition that would inhibit my/our child's participation

In the event of an injury or illness, I grant permission to any and all health care providers designated by Waukesha Catholic Athletics and its volunteers to provide any and all necessary medical care related to the injury or illness. I further understand that I will be contacted as soon as practical as to the medical emergency and will be provided with all the necessary information related to the medical emergency.

Medical Insurance

Personal medical insurance is required by the Archdiocese in order to participate. I/we acknowledge this and assure that my/our child is covered under a personal medical insurance policy.

Date _____

Signature _____