ARCHBISHOP WOOD HIGH SCHOOL
PRE-SEASON VOLUNTARY SPORTS PARTICPATION FORM

Please Complete And Return To Sport Head Coach
Before Start Of Any Voluntary Workout, Scrimmage Or Contest

PLAYER NAME_____ BIRTH DATE_____

ADDRESS_____

GRADE: _____ SECTION: _____ STUDENT #:_____

PHONE NUMBER_____ EMERGENCY PHONE #_____

FATHER'S NAME:_____ MOTHER'S NAME_____

PARENT EMAIL ADDRESS _____

DOCTOR'S NAME_____ PHONE_____

HEALTH CARE PROVIDER AND ID #:_____

MEDICAL CONCERNS OR MEDICATION(S) BEING TAKEN:

_____

_____

Parent/Guardian Approval To Participate And Release Of Liability

I/we as parent(s) or guardians of the above named student give approval for his/her participation in any and all activities of this program during the current season. I/we agree to notify Archbishop Wood High School and the Head Sport Coach as to any change or update in the above information, including information regarding medical concerns or injuries. I/we do further hereby release, absolve and hold harmless Archbishop Wood High School, its administrators and staff, the organizers, sponsors, supervisors, coaches, and drivers of any and all of the organizations and programs in case of injury to my child. I/we hereby waive all claims against the organizers, sponsors, supervisors, coaches, and drivers or anyone appointed by them. I/we assume all responsibility for all medical payments not covered by school insurance.

Signature(s): _____

Father / Parent or guardian Date

_____

Mother / Parent or guardian Date

Student Certification Of Good Standing

As of the date set forth below, I hereby certify that:

(1) I have a passing grade in all of my classes of 75 or above;
(2) I have a conduct grade of 85 or above;
(3) My tuition is current and paid up to date;
(4) I have no lateness or attendance issues this school year; and,
(5) If there is any change in any of the information set forth in (1)-(4) above, I will immediately inform the Sport Head Coach.

Student Signature:_____ Date: _____