

INFORMED CONSENT & WAIVER FORM

My child and I are aware that participating in Sports at St. Teresa Regional School is a potential hazardous activity. We assume all risks associated with participation in sports, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other conditions.

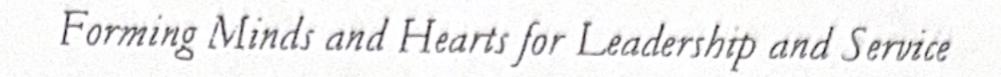
I understand this informed consent form and herby waive, release, and forever discharge any and all claims against St Teresa Regional School, its Administrators, employees, volunteers, or agents, St. Teresa Parish, it's pastor and priest, employees, volunteers for agents, as well as the Diocese of Camden and the Bishop of the Diocese of Camden, for damages and/or injuries to the undersigned which may arise from participation in sports and in consideration of maintaining this sports program and allowing my child to participate in the same. I do herby covenant, promise and agree to indemnify and hold harmless the School and the Diocese of Camden and all of the Administrators, employees, volunteers and agents of both form and against any claim brought by and/or upon behalf of any other person arising out of and/or in any way connected with participation in sports.

Childs Name	
Parent/Guardian Signature	Date
Herby give permission for	to participate
in the following sport/sports	at St Teresa
Regional School during the season beginning	
As parent/guardian, I do herby authorize the treatmer an emergency situation. I grant this authority only where effort, or when any delay of treatment could endange impairment of undue discomfort.	ien I cannot be reached unough a reasonable
Parent/Guardian Signature	Date
Childs Name	
Address	
	Phone
Parent's Work Phone	(Mother)
	(Father)
Parent's Cell Phone	(Mother)
	(Father) OVER

27 EAST EVESHAM ROAD RUNNEMEDE, NEW JERSEY 08078

www.SrTeresuSchoolorg

356.939.0333 PHONE





Person to Contact in Emergency	
Phone	
Family Physician's Name	
Phone	
Pre-existing medical conditions of ch	uld/participant (e.g., allergies, chronic illness, etc):
TRAVEL TO AN	D FROM ATHLETIC EVENTS
heck with your child regarding his/he acknowledge my responsibility for my	y athlete's transportation to and from events.
ignature)	(Date)
CONTACT INFORATION MEE	FOR CHANGE/CANCELLATION OF ETS/PRACTICES
rent's work e-mail address:	(Mother)
	(Father)
rent's home e-mail address:	(Mother)
	(Father)
IT EAST EVESHAMIROAL	(Father)