



Saint Teresa
REGIONAL SCHOOL

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 hereby waive, release, and forever discharge any and all claims against St Teresa Regional School, its Administrators, employees, volunteers, or agents, St. Teresa Parish, its 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 hereby 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 hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when any delay of treatment could endanger my child's life, cause disfigurement, physical impairment of undue discomfort.

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



Forming Minds and Hearts for Leadership and Service

Saint Teresa
REGIONAL SCHOOL

Person to Contact in Emergency _____

Phone _____

Family Physician's Name _____

Phone _____

Pre-existing medical conditions of child/participant (e.g., allergies, chronic illness, etc.):

TRAVEL TO AND FROM ATHLETIC EVENTS

The school and parish of St. Teresa cannot assume responsibility for transportation of players to and from athletic events. When possible we stand to assist you in making arrangements; e.g. car pooling, but we cannot monitor this. We always encourage you to check with your child regarding his/her travel plans.

I acknowledge my responsibility for my athlete's transportation to and from events.

(Signature)

(Date)

CONTACT INFORMATION FOR CHANGE/CANCELLATION OF MEETS/PRACTICES

Parent's work e-mail address: _____ (Mother)

_____ (Father)

Parent's home e-mail address: _____ (Mother)

_____ (Father)

27 EAST EVESHAM ROAD RUNNEMEDE, NEW JERSEY 08078

856.939.0333 PHONE

856.939.1204 FAX

www.StTeresaSchool.org