

**Our Lady of Peace Insurance Waiver Policy
for Extracurricular Activities
Permission Form**

Last Name: _____

Sport: _____

First Name: _____

Physician's
Name: _____

Date of Birth: _____

Physician's Phone: _____

Grade: _____

List any allergies : _____

Dear Parents:

Your son/daughter wishes to participate in the extracurricular program indicated above. This form is necessary to clarify the position of Our Lady of Peace Parish, School, Athletic Association and its officers and coaches in cases of injury sustained while at practice or in games. Your signature below indicates your permission for the above student to participate in the above program.

Your signature also confirms your agreement that Our Lady of Peace Parish, School, Athletic Association and its officers and coaches will not be held liable for any medical or consequential payments or damages arising out of participation in sanctioned athletic events or extracurricular activities.

You agree that your family hospitalization insurance will apply and therefore you will not look to Our Lady of Peace Parish, School, Athletic Association or its officers and coaches for payment of doctor or medical expenses.

Furthermore, you agree, should your child be injured and you cannot be contacted, that a representative of the Parish, School, Athletic Association and/or coaching staff is authorized to seek whatever medical treatment is deemed necessary for the proper treatment of your child. This also includes permission for a physician/medical facility to perform whatever medical treatment is deemed necessary in such a situation.

Please complete the information above and below for our records. Thank you for your assistance.

Name of Parent/Guardian: _____

Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Alternate Person to Contact: _____

Phone: _____

Insurance Carrier: _____

Policy Number: _____

(Date)

(Signature of Parent/Guardian)