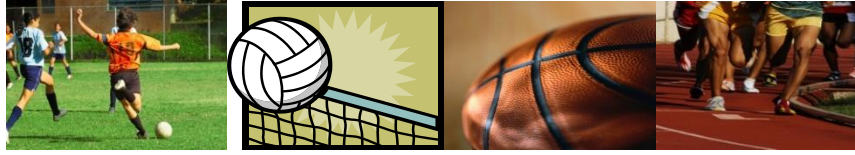


ST. MATTHEW MAGIC



EMERGENCY / RELEASE OF LIABILITY FORM

EACH STUDENT PARTICIPATING IN ATHLETICS MUST COMPLETE THIS FORM

ATHLETE INFORMATION:

ATHLETE'S FULL NAME:
ATHLETE'S DATE OF BIRTH:

PARENTS / GUARDIANS:

FULL NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK:	CELL:

CONSENT TO TREAT:

As a parent or guardian of _____, I give my permission to have the coaches and/or representative of St. Matthew School call for medical attention to the nearest physician and/or hospital in case of accident or injury.

HEALTH INFORMATION:

COACHES HAVE PERMISSION TO ADMINISTER FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO
HOSPITAL PREFERENCE (IF IN GREEN BAY):
FAMILY DOCTOR: _____ PHONE: _____
FAMILY DENTIST: _____ PHONE: _____
KNOWN ALLERGIES:
INSURANCE PLAN/GROUP NUMBER:

IMPORTANT: We hereby agree that St. Matthew School, its officers, members, coaches or volunteers shall not be liable for any injury or loss which my child/children may sustain while participating in activities of any kind. This includes but is not limited to activities sponsored by or under the supervision of St. Matthew School. We agree to indemnify and to hold harmless same, its officers, members, coaches, volunteers or designates of any kind from any and all claims whatsoever.

PARENT / GUARDIAN'S SIGNATURE:
DATE:

*****EACH STUDENT PARTICIPATING IN ATHLETICS MUST COMPLETE THIS FORM*****