



St. John Brebeuf Athletic Department Medical Information Form

(please ensure that both sides of this form are completed)

PLAYER'S NAME _____ GRADE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ E-MAIL _____

ACTIVITY: Cross Country Basketball Volleyball Track & Field Softball Baseball

AGE _____ DATE OF BIRTH _____

FATHER'S NAME _____ WORK PHONE _____

FATHER'S CELL PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

MOTHER'S CELL PHONE _____

PARENT RELEASE FORM

In consideration of your accepting this entry, I _____ do hereby,
(Player's Name)

for myself, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages which I might have or which may hereafter accrue to me against St. John Brebeuf Athletic Department and their representatives (coaches, adults aiding the sports program, etc.) and/or assign for any and all damages which may be sustained and suffered by me in connection with my said associations with or entry and/or arising out of my traveling to, or participating in and returning from said athletic meet, game, or practice. Participant is fully covered with parent's or guardian's medical insurance:

(Name of Insurance Company)

Since the applicant is under the age of twenty-one years, this application must be signed by his/her father or mother or his/her legally appointed guardian. I hereby consent to the foregoing:

PLAYER'S SIGNATURE _____

PARENT OR GUARDIAN'S SIGNATURE _____

DATE _____

PHYSICIAN'S NAME _____ PHONE _____

ALLERGIES _____ MEDICATIONS _____

ILLNESSES _____

EMERGENCY PHONE NUMBERS - CONTACTS OTHER THAN PARENTS

NAME

RELATION

PHONE

1. _____
2. _____
3. _____

(OVER)