

ST. THOMAS AQUINAS SPORTS PARENT PERMISSION FORM

STUDENT'S NAME _____

MEDICAL AUTHORIZATION AND SURGICAL CONSENT

I/We, _____
the parent/parents/legal guardian of _____
hereby consent and authorize any x-ray examination, laboratory procedure, anesthesia, administration of who human blood, human blood derivatives or fractions thereof and any medical surgical treatment or hospital services to be rendered to _____ under the general and specific instructions of a licensed physician or other licensed health care provider should the need arise for such treatment to my son/daughter named herein in any absence.

I/We consent to the selection by St. Thomas Aquinas High School coach in charge of my son/daughter named herein a licensed physician or other licensed health care provider to render the treatment aforementioned to my son/daughter and I/We agree to make immediate arrangements with said licensed physician or other licensed health care provider for continued medical treatment. I/We understand that neither St. Thomas

Aquinas High School nor the coach in charge of my son/daughter named herein have any voice in the treatment and diagnosis of my son/daughter and neither St. Thomas Aquinas High School nor the coach in charge of my son/daughter are responsible for the actions of the licensed physician or other licensed health care provider chosen.

I/We further acknowledge that I/We am/are solely responsible for all resulting sums due for medical treatment and service rendered and I/We further obligate myself/ourselves and guarantee to pay said balances.

I/We further agree to indemnify and hold harmless St. Thomas Aquinas High School and the coach in charge of my son/daughter named herein from any and all resulting sums due with respect to medical treatment and services to my son/daughter.

I/We certify that I/We have read the above authorization and understand same and also acknowledge and certify that no guarantee or assurance has been made as to the results that may be obtained by any medical treatment.

PERMISSION TO PARTICIPATE IN ATHLETICS, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I/We, _____
the parent/parents/legal guardian of _____
grant permission for my/our son/daughter to participate in athletics and school activities at St. Thomas Aquinas High School. I/We further consent for my/our son/daughter to travel to and from practices, games, athletic events and school activities sponsored by St. Thomas Aquinas High School/Archdiocese of Miami in transportation provided by St. Thomas Aquinas High School/Archdiocese of Miami.

IN CONSIDERATION of the opportunity to participate in athletics or other school activities sponsored by St. Thomas Aquinas High School/Archdiocese of Miami, I/we, the undersigned parent/parents or legal guardian of _____ hereby release, discharge, remise and quit-claim St. Thomas Aquinas High School/Archdiocese of Miami and/or the St. Thomas Aquinas High School coach or teacher in charge from liability for any and all damages, injuries or mishaps to my/our son/daughter named herein and unconditionally covenant and guarantee to hold the said St. Thomas Aquinas High School/Archdiocese of Miami and/or the St. Thomas Aquinas High School coach or teacher in charge harmless from any and all liability for damages or injuries or other mishaps arising from the participation by my/our son/daughter in athletics or school activities aforementioned sponsored by St. Thomas Aquinas High School/Archdiocese of Miami.

I/We further agree that St. Thomas Aquinas, its agents and/or employees have the right to terminate the participation of the above Student for reasonable cause, as determined within the discretion of the Athletic program.

I/We acknowledge that participation in any St. Thomas Aquinas Athletic Program is inherently dangerous and may result in injury to Student regardless of the supervision and controls implemented by the St. Thomas Aquinas Athletic Program. I agree that Student may participate in the St. Thomas Athletic Program regardless of its inherently dangerous nature.

RESIDENCE

I/We certify under oath, that my/our son/daughter, _____ has

resided and lived with me/us continuously at _____

_____ for the past _____ (Years/Months)

Signature of Parent/Guardian _____ Date _____

INSURANCE INFORMATION

I _____ (Parent or Guardian), parents of son/daughter, _____

have accident insurance with _____ (Name of Insurance Company) which will cover my son/daughter in the event of an interscholastic sport injury. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities at St. Thomas Aquinas High School. I agree to maintain coverage in full force and effect while Student participates in athletics and if any change occurs in this policy, it is the responsibility of the parent to notify the St. Thomas Aquinas Athletic Department.

Signature of Parent/Guardian _____

.....

NOTARIZATION

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ Day of _____, 20_____.

_____ My Commission Expires: _____

NOTE
A COPY OF VALID
INSURANCE I.D. CARD
MUST BE ATTACHED TO
THIS FORM.