St. Mary's Academy Summer Clearance Sport Participation Information

Parent or Guardian: This form must be th your child will be allowed to participate in 2020.	• • •
Student's Name	Date of Birth//
Grade 2020-2021 School Year	
Insurance Acknowledgment	
St. Mary's Academy DOES NOT carry any to pay medical costs should your child be participate in St. Mary's Academy Athletic adequate health insurance or be enrolled program for their child. Please initial line	e injured. In order for a student to cs, parents/guardians must carry in an independently offered insurance
1. I maintain adequate personal hea	alth and accident insurance for my child.
Parent or Guardian Permit	
WARNING: Participation in interscholasti which may range in severity from minor to obey all safety rules, report all physical ptrainers follow a proper conditioning prograily. In addition, because of the frequent athletics, there is a risk that a player(s) m (Coronavirus), any pandemic, or other pocovid-19 related rules and guidelines as form, I acknowledge reading and underst I hereby give my consent for my child to psponsored by St. Mary's Academy.	o long-term catastrophic. Players must problems to their coaches or athletic gram, and inspect their own equipment to close proximity of players involved in lay become sick with COVID-19 potential illness. Players must obey all posted. By signing this permission and this warning and the risks assumed.
I have read all the information on this paginformation. I also authorize my child's commergency medical treatment in the even Academy coaches and/or sponsors will a as to the injury and/or accident.	oach and/or sponsor to secure at of an injury or accident. St. Mary's
Parent/Guardian Signature	Date
Parent/Guardian Phone Number	