

**DIXON CATHOLIC ATHLETIC INFORMATION AND CONSENT FORM**

Player's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Sport(s): VB BB XC TRACK BOWLING

Player's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Sport(s): VB BB XC TRACK BOWLING

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (Mom) \_\_\_\_\_ Cell (Dad) \_\_\_\_\_

**Can phone numbers be listed in a team roster? Yes or No (Please Circle One)**

Dear Parent(s) or Guardian(s):

I have read and understand the information presented in the **Athletic Program for the Dixon Catholic Schools** and have signed below to indicate this:

Your Son or Daughter will **NOT** be allowed to participate in the above sport(s) until this paper is on file with the school's Administration Office. Kindly complete this form. Your signature indicates you are giving your child permission to participate and that you and your child understand the rules/codes governing both the Diocesan and IESA handbooks as they pertain to Dixon Catholic Athletic Programs.

Student Name (Print)

Student Signature

Parent/Guardian Signature

**INSURANCE INFORMATION**

The undersigned, as guardian of \_\_\_\_\_, hereby indemnify Dixon Catholic Athletics Sports Programs and its agents for any and all injuries and/or accidents which may occur involving the above-named student due to his/her participation in \_\_\_\_\_. We further state that we maintain accident insurance with \_\_\_\_\_ adequate to take care of such injuries that may occur. The Policy Number \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.

**\*\*THIS WAIVER MUST BE SIGNED BY LEGAL GUARDIAN OR PARENT(S)\*\***

Parent/Guardian Signature

Parent/Guardian Signature

**Emergency Release**

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of this attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the parent(s)/guardian(s).

Name if Child(ren) \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. Please include any specific medical allergies, chronic illnesses, or other conditions.

Signature

Date

**Alternate contact in case of Emergency** \_\_\_\_\_ Phone \_\_\_\_\_

**The following items are REQUIRED for All Students to participate in the Dixon Catholic Athletics Program. (Office Use Only)**

- |   |   |
|---|---|
| 1. ___ This form completed <b>IN FULL</b> and signed by parent(s)/Guardian(s)           | 2. ___ Copy of Physical                                 |
| 3. ___ Sports Fees ( <b>Note: X-Country, Track &amp; Bowling have additional fees</b> ) | 4. ___ Copy of Insurance Card ( <b>Front and Back</b> ) |
| 5. ___ Concussion Form signed by parent(s)/Guardian(s) and student                      | 6. ___ Uniform Waiver                                   |