

# **ST. JUDE ATHLETIC ASSOCIATION MEDICAL RELEASE FORM 2011-2012**

I do give my child/children \_\_\_\_\_  
permission to participate in the St. Jude School athletic program. I recognize that some offerings are considered to be contact sports. I will not hold St. Jude School, St. Jude Church, St. Jude Athletic Association Officers, Coaches, and/or any and all personnel and volunteers liable for any injury, medical bills or damages resulting from practice or game activities.

I do hereby certify that I have medical insurance that will afford coverage for such injuries or I am financially able and responsible to provide for any payment of any medical bills.

I do give the coach or his representatives my permission to bring my child to a doctor or hospital in the event of any injury or emergency during practice or a game if the parent or guardian is not present at the time. I further agree to release from liability the coach or his representative for any and all injuries suffered as a result of the transport of my child to/from the doctor or hospital, if such transportation is deemed in the child's best interest in the discretion of the coach or his representative.

I have been advised by the Coaches and Athletic Director of the St. Jude Athletic Program that my child should have a complete physical prior to his/her participation in school or church sports. I agree to release from liability St. Jude School, St. Jude Church, St. Jude Athletic Association, its officers, coaches, and any and all St. Jude personnel and volunteers for any and all injuries directly or indirectly resulting from the failure to obtain this physical examination.

---

Signature of Parent/Guardian