



## Try-Out Waiver

Please fill out these forms and return it to the office.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent Email: \_\_\_\_\_ (very important!)

### EMERGENCY MEDICAL & LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached, I give my permission to call Emergency Medical Technicians, a physician or hospital selected by Saint Jeanne de Lestonnac School, to hospitalize, or perform emergency medical procedures as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Saint Jeanne de Lestonnac School and its staff during events and activities. I understand the possibility of unforeseen hazards and how there is the inherent possibility of risk or danger associated with all sport activities.

Parent/Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above identified activity:**

Allergies: \_\_\_\_\_

I give my child permission to Try-Out in St. Jeanne's Athletics

Sign \_\_\_\_\_ Date \_\_\_\_\_