



**2021 – 2022 SAINT BEDE ACADEMY ATHLETIC AND EXTRA-CURRICULAR  
 PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Student Participant’s Name: \_\_\_\_\_ Parent/Guardian’s Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

**Request for Permission**

As parent and/or legal guardian, I give permission for my son/daughter named above to participate in interscholastic athletics in the following sports during the 2021-2022 academic year (initial all that apply):

- |                                       |  |  |                                    |
|---------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Softball      | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Football      | <input type="checkbox"/> Track & Field |                                    |
| <input type="checkbox"/> Bowling      | <input type="checkbox"/> Golf          | <input type="checkbox"/> Volleyball    |                                    |

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (“participant”).

I am aware that participating in sports will involve travel to practices and games. I acknowledge and accept the risks involved with my child’s travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child’s participation have been answered.

If my student is *taken ill or injured* in any way during the activity and if: (i) I cannot immediately be contacted at the following number \_\_\_\_\_; or (ii) *in the opinion of the St. Bede Academy supervising employee, the injury and/or illness is such that there is not time to contact me*, I grant full power to the St. Bede Academy supervising employee to do as follows:

- Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor’s office, or a medical clinic; and
- Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

I understand the risks such trips represent to my student, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** the Catholic Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys’ fees) arising from or related to my child’s participation. Additionally, I give my consent and approval for my child’s name and picture to be printed in any sports program, publication, or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school, and accept the responsibility that comes with being a parent/guardian of a student athlete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_