



CONSENT TO PARTICIPATION/ASSUMPTION OF RISK

Consent to Participation

In order for your daughter to participate in a sport, it is necessary for you to give your written consent below. Any activity brings with it a risk of injury. To help reduce this risk, we recommend that parents encourage their children to maintain optimum fitness levels and nutrition and to follow proper sports training procedures. It is the responsibility of the athlete to report any injuries to the athletic trainer as soon as possible.

Release to Treat

By signing below, I hereby authorize the Athletic Training Staff, Team Physicians, School Nurses, Medical Consultants and Athletic Staff access to information and to provide any and all care deemed necessary for any specific injury or condition and to release any medical or insurance information necessary. By signing below, I hereby authorize the above parties to release and share any necessary information needed to treat a specific injury or condition, whether pre-existing or acute. Any athlete who is referred to a physician for medical treatment must have clearance from that physician in conjunction with the athletic trainer on staff.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CARONDELET
ATHLETICS