



DIOCESE OF ORLANDO ATHLETICS RELEASE FORM

NAME OF STUDENT: _____ GRADE: _____ COURIER # _____

ATHLETIC EVENT: Golf DATE: _____

ATHLETIC FEE: \$45

The undersigned, who is the parent/legal guardian of _____, a minor (herein referred to as "Student"), on behalf of himself and Student, their personal representatives, assigns, heirs and next of kin, request Student be permitted to participate in the aforementioned event,

1. Hereby released, waives, discharges and conveys not to sue Resurrection Catholic School (Sponsor), their officers, employees and agents, all for the purposes herein referred to as Releases, from all liability to the undersigned and Student, their personal representatives, assigns, heirs and next of kin, for all loss or damage, and/or claims, demands, causes of actions or suits of any kind therefore, particularly on account of injury to the person or property or resulting in the death of Student, whether caused by the negligence of Releases or otherwise, while Student is a participant in the aforementioned event;

2. Hereby agrees to indemnify and save and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur while student is a participant in the aforementioned event, whether caused by the negligence of the Releases or otherwise;

3. Hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releases or otherwise while Student is a participant in the aforementioned event;

4. Hereby agrees that if any portion of the Agreement is held invalid, that the balance shall notwithstanding, continue in full legal force and effect.

(Signature of Parent/Legal Guardian) DATE: _____

MEDICAL INFORMATION

In the event Student becomes ill, I authorize the directors, coaches, or chaperones to obtain medical attention at a physician's office or hospital. Student is covered by the following medical insurance:

Insurance Co. Name _____ Group# _____
Allergies: _____ Inhaler needed on field trip _____
Chronic/Acute Illnesses: _____

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH ME BEFORE MEDICAL PERMISSION IS GIVEN TO TREAT MY CHILD.

Home Telephone: _____
Mother's Work #: _____
Father's Work #: _____
Cell Phone #: _____

(Signature of Parent/Legal Guardian)



RESURRECTION CATHOLIC SCHOOL ATHLETE MEDICAL CERTIFICATE

PATIENT: _____

This is to certify that the above mentioned patient was examined by me on (date): _____.

This person was found to be in general good health.

(Exam needs to be completed annually if a student plans to participate in sports)

Signed: _____, M.D. Date: _____

Office address: _____

Comments: _____



Resurrection Catholic School Intramural Sports Parent/Student Contract

1. Philosophy

The goal of the Resurrection Athletics is to provide students an opportunity to participate in practices and drills in order to develop their athletic skills.

2. Eligibility

All athletes must attend Resurrection Catholic School and **MUST MAINTAIN A 2.0 GRADE POINT AVERAGE**. Any school detentions must be served before participation in athletics.

3. Medical Release

All athletes must turn into the school office, a statement of good health signed by their doctor stating they were seen within the last year. Athletes must also turn in the attached registration and release forms.

4. Conduct and Discipline

Conduct in Golf is expected to be that stipulated in the Resurrection handbook. Discipline will be handled on an individual basis with parental consultation.

5. Uniforms

Uniforms are the property of Resurrection Catholic School and should be treated with care. They must be returned at the end of the season in good condition or a replacement fee will be determined based on the cost of each item.

6. Athletic Department

Any questions or concerns about the athletic program can be addressed by contacting Athletic Director, Cindy Stanford at 644-3931, voice mailbox #123.

I have read and understand the above items and agree to abide by the guidelines, rules, and regulations of the Resurrection Athletics Program.

Please sign and return to the school office.

Athlete

Parent/Guardian

Date

Date