

**ST. DENNIS ATHLETIC ASSOCIATION
AUTHORIZATION/INSURANCE FORM**

I hereby request that my child, _____ be allowed to participate in any St. Dennis Sports Program: girl's & boy's basketball, girl's & boy's volleyball.

I hereby release and indemnify St. Dennis Parish, Lockport, IL it's staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from any child's participation in this event.

I understand that my child is responsible for following certain regulations while taking part in this event.

Medical Permission

I grant permission for the administration of First Aid to _____ by the people in charge of St. Dennis Athletics, SWC, and those transporting my child to and from the program as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery accept when delay in such communication will endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Allergic to medication/other? No ___ Yes ___ Explain:

List all medications presently taking:

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician: _____ **Phone:** _____

Student Name: _____ **Birth Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Address: _____
(Street) (City) (State) (Zip)

Day Phone: _____ **Evening:** _____