



# Parental Waiver and Consent Form

## 2018-2019

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Beaches Episcopal School, its officers, coaches and sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

_____	_____
Name of Student	Sport
_____	_____
Printed Name of Parent/ Guardian	Signature of Parent/ Guardian

### Prior Consent and Authorization for Medical Treatment

Parent contact number _____	Cell # _____
Emergency Contact number _____	Relationship to Student _____
Family Physician _____	Number _____
Insurance Carrier _____	Policy# _____
Special Medications / Allergies _____	

I authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which in the best judgment of a licensed physician or dentist is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services provided, including emergency medical transportation.

_____	_____
Signature of Parent/Guardian	Date