**SAINT ANDREW CLUB SPORTS**

St Andrew Athletic Association

1899 McCoy Road

Upper Arlington, Ohio 43220

**PARENT CONSENT FORM**

HOME PARISH:

CHECK ONE:

🌕 Cheerleading

🌕 Golf

🌕 Minicagers

🌕 Soccer

🌕 Viking Magic

🌕 Other

🌕 Field Hockey

Uniform Sizes (Youth-S, YM, YL, YXL, Adult-S, AM, AL) Shirt-Top Shorts-Bottom

LAST NAME: FIRST NAME: MIDDLE INITIAL:

ADDRESS: ZIP CODE: TELEPHONE:

SCHOOL: GRADE: AGE:

DATE OF BIRTH: MONTH DAY YEAR – PLACE OF BIRTH: (CITY) (STATE)

PARENT’S EMAIL ADDRESS(s):

**PLEASE CHECK ONE:** 🌕 **NO RESTRICTIONS** 🌕 **RESTRICTIONS**

List any physical handicaps which would prohibit this participant from taking part to the full extent of the activity listed above.

**RELEASE**

**(PLEASE READ CAREFULLY)**

I/We the parent(s) or legal guardian of the above named applicant who has applied for participation in the athletic Activities of the Saint Andrew’s Athletic Association, hereby give my/our consent and approval to his/her participation in any and all activities of the Saint Andrew Athletic Association and its affiliates for the activity specified. I/we assume all risks and hazards incident to the conduct of such activities including any transportation, and for any consideration of the educational instruction he/she will receive in connection therewith. I/we hereby agree to release and absolve, indemnify, and hold harmless, and do by this instrument release, absolve, indemnify and hold harmless, the Saint Andrew Athletic Association and its affiliates, Saint Andrew Church, and any and all of the Catholic Churches and Parishes and any and all supervisors, organizers, coaches, sponsors, and officials of and from any and all liability for any injury to my/our aforementioned child. We waive all claims of any kind against any and all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any such activities hereinabove names. I/we the undersigned hereby declare that I/we have insurance protection covering injuries that may occur (including contact sports) in these activities during the ensuring season. I/we further certify that all information contained in this form is correct.

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code. I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to

coaches, administrators and my student-athlete’s doctor. I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-

athlete has been cleared to return by a physician or other appropriate health care professional.

**By signing below, my son/daughter has my approval to participate in the athletic activity checked above. I have also received and read the concussion information sheet and agree to the above release**

**(MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S))**

PARENT or GUARDIAN SIGNATURE:

PASTOR’S SIGNATURE:

DATE

Revised 11-2013