

Watertown Catholic School Athletics Informed Consent Form

Athlete's Name: _____ **Age:** _____

I give my permission for _____ to participate in athletics at Watertown Catholic School during the **2017-2018** school year. Further, I authorize the team/league to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to so.

Parent's signature: _____ **Date:** _____

Emergency Information

Parent/Guardian: _____ Phone #: _____

Other Emergency Contact: _____ Phone #: _____

Allergies (drug or environmental): _____

Medications: _____

Does athlete wear contacts: Yes No

Watertown Catholic School St. Bernard Campus and St. Henry Campus do not provide insurance to cover the children in case of accident or injury.

Parent's signature: _____ **Date:** _____

Email Address: _____

THIS FORM IS TO BE CARRIED BY THE COACH DURING ALL PRACTICES AND GAMES-HOME AND AWAY-TO BE USED IN THE EVENT OF ATHLETE'S ILLNESS OR INJURY

If you are interested in coaching a 2017-2018 Watertown Catholic School volleyball or basketball team, please fill out the attached application.

This includes coaches that have held a coaching position last year (2016-2017). Please return the form with your child to school or drop it off at the St. Henry Campus office or St. Bernard Campus office. You will be contacted by Mrs. VanNorman when teams are organized and coaches assigned.

Thank you for your interest,
Watertown Catholic Athletics