



**Benedictine
Academy**

840 North Broad Street
Elizabeth, NJ 07208
908-352-0670
908-352-0698 or 9424 fax
www.benedictineacad.org

2019-2020 SPORTS PARTICIPATION CONSENT

Student Name _____

Date _____ Sport _____

I/We the undersigned, give my permission for _____ to participate in sports the season of _____.

I/We understand that in case of injury to my child, that I am to use my personal medical insurance first, and then will submit any bills in excess of payment by my insurance company to the school district insurance company.

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of the rules, injuries are a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning.

I hereby confirm my daughter lives within the boundaries established by our school district.

Parent/Guardian Name: _____

Signature _____

I, _____, a student at Benedictine Academy, hereby request permission to try out for _____.

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of the rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning.

I further promise to abide by all the rules and regulations set forth by the coach. All equipment that was issued to me will be turned in at the end of the season or upon my leaving the squad, and I will make full payment immediately to the Director of Athletics for any missing equipment.

Student Signature _____

Date of Birth _____ Place of Birth _____

Address _____

Grade _____ Height _____ Weight _____

Home Telephone _____ Emergency Telephone _____

Family Physician _____ Physician's Telephone _____