

**ARCHDIOCESE OF MILWAUKEE**

**Parent's and/or Legal Guardians**

**Risk Acknowledgement and Consent to Participate Form**

Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Name(s) and Address(s) for Parent/Guardian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My/our child wishes to participate in the sport of (list all) \_\_\_\_\_

during the \_\_\_\_\_ (season) of \_\_\_\_\_ (year).

I/We realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussion, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with our child's participation in the above listed sports and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two year. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

**ARCHDIOCESE OF MILWAUKEE**  
**Student Athlete- Medical Information & Emergency Consent Form**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Group / Address \_\_\_\_\_

Hospital of preference: \_\_\_\_\_

Insurance Info: Subscriber: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Company: \_\_\_\_\_

Pre-existing Medical  
Conditions: \_\_\_\_\_

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgment maybe deemed necessary in the care of (child's name) \_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

**ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION**

**FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC**

**ATHLETICS - BOYS AND GIRLS**

**\*Approval for two years of competition. Examination cannot be taken before May 1st.**

Student's Name: \_\_\_\_\_  
Last Middle Initial First

Place of Birth (Cty.,St.) \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_ City: \_\_\_\_\_

The above named student has been examined and there are no apparent restrictions to participating in interscholastic athletic activities except as follows:

Sports or school activities in which this student cannot participate are (if none - write NONE):

\_\_\_\_\_

**\*If approved for only one year of competition, check here.** \_\_\_\_\_

Signature of Licensed Physician or Surgeon: \_\_\_\_\_  
(print or type)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

**ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS  
MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO  
PRACTICE OR PARTICIPATION.**

\_\_\_\_\_

Form 6145(c)  
Form revised: 5-6-97  
4/1/1989  
4/2/1990  
2/15/1995  
5/6/1997  
5/8/2007

Archdiocese of Milwaukee

**\* Please contact Stacey at the West Campus for verification if you need a physical.**