

HOLY TRINITY SPORTS RELEASE FORM

Player Name: _____
(Circle one)

Grade: 6 7 8

Home Phone Number: _____

E-mail address: _____ (print legible)

PERMISSION AND RELEASE: I, the undersigned parent or guardian of _____, gives permission for my child to participate in the activities of the HTCMS Athletic Programs. My child is physically able to participate, and in doing so, will in no way harm his/ her health. I further assume all risk and hazards incidental to the conduct of the activities, including transportation to and from the activities. I hereby release, absolve and hold harmless the MACS, the athletic association of the school/parish, the Diocese of Charlotte, the staff, the organizers, and the coaches/supervisors from any and all injury, loss or other damage to us or the above child, arising out of the activities of the program. I grant permission for treatment deemed necessary for a condition arising during participation of the activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Parent/Guardian Consent: _____
Print Name of Parent/Guardian - & Signature