

**St. Michael Catholic High School
Consent for Extra-Curricular Participation**

St. Michael requires participants in certain extra-curricular activities to have parents complete and sign this form. If you want your child to participate in this activity, please complete the following information requested below.

Student: _____

Parent/Guardian: _____

Emergency Phone #'s of Parent/Guardians _____

Name and Phone # of Responsible Adult if Parents Cannot be Reached: _____

Name of Extra-Curricular Activity: _____

The above named student has adequate insurance coverage by:

Name on insurance card: _____

Name of company: _____ Policy #: _____ Group #: _____

Name of physician: _____ Phone #: _____

I hereby give permission for my child, _____ to participate in this extra-curricular program at St. Michael Catholic High School. I understand that risk of injury, even catastrophic injury, is possible. I assume all medical responsibilities in the event my child becomes injured while participating in this program. I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless St. Michael, and the Archdiocese of Mobile, its officers, directors, employees, representatives or volunteers associated with the extra-curricular activity from any and all liability claims, loss or damage arising from or in connection with my child's participation in this activity. I also give my permission to the sponsors to seek medical/dental attention for my child in the event that I cannot be reached.

Parent Signature: _____ Date: _____