

**ARCHDIOCESE OF MILWAUKEE-St. Sebastian YAC
Medical Information & Emergency Consent Form**

*Denotes Required Fields. Form is not valid unless all required information has been supplied.
Please note there are two pages to this form. This consent form is good for one year.

***Registration & Fee Information:**

Family Last Name: _____ Date: _____

					Circle Sport(s):	Circle Status:
First Name: _____	Sex: _____	Grade: _____	Birth Date: _____		VB-volleyball	SB-Seb's student
First Name: _____	Sex: _____	Grade: _____	Birth Date: _____		BB-basketball	RE-Relig. Ed student
First Name: _____	Sex: _____	Grade: _____	Birth Date: _____		VB BB	SB RE
First Name: _____	Sex: _____	Grade: _____	Birth Date: _____		VB BB	SB RE
First Name: _____	Sex: _____	Grade: _____	Birth Date: _____		VB BB	SB RE
First Name: _____	Sex: _____	Grade: _____	Birth Date: _____		VB BB	SB RE

\$50.00 per Sport or \$150.00 Family (Max)/School Year Circle One:
Checks Payable to St. Sebastian's YAC TOTAL FEE Enclosed: _____ Check Cash

Contact Information:

Current E-Mail Address: _____
 Address _____ City _____ Zip _____ *Phone# _____

*Parent/Legal Guardian : _____ (H) Ph# _____
 Address _____ (W) Ph# _____
 (Cell)Ph# _____

***MEDICAL/HEALTH INSURANCE INFORMATION**

Family Physician/Clinician: _____ Ph# _____
 Emergency Hospital Preference: _____
 Medical Group & Address: _____
 Insurance Company Name: _____ Group# _____
 Subscriber's Name: _____ Policy# _____
 Medical Problems: _____
 Allergies: _____

In the event of injury or illness I/We grant permission to any health care provider designated by the St Sebastian's coaches/YAC board members to provide my/our child/children (*Names) _____ any and all necessary medical care related to the injury or illness. I've further understand I/We will be contacted as soon a practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

In signing this form, I/We submit to having read the current YAC Policies and understand the non-refundable fee and registration deadlines.

*Parent/Legal Guardian

Date

*Parent/Legal Guardian

Date

ARCHDIOCESE OF MILWAUKEE-St. Sebastian YAC
Parents and/or Legal Guardians
Risk Acknowledgement and Consent to Participate Form
Good for One Year

*Family Last Name: _____

*First Name of Participant: _____

First Name of Participant: _____

First Name of Participant: _____

First Name of Participant: _____

*Name(s) and address(s) for Parent/Guardian

My/Our child/children wish to participate in the sport of (Circle one or both),
Volleyball and/or Basketball during the Fall and/or Winter of _____ (year), i.e.,
2010-11.

I/We realize that there are numerous risks involved in participating in the sport of
Volleyball and/or Basketball. These risks could involve (but not limited to): sprains,
contusions, broken bones, lacerations, concussions, permanent disability, paralysis and
possible 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
Volleyball and/or Basketball and the potential injuries that may occur.

I/We assume all responsibilities and certify my /our child/children is/are in good
physical condition and have undergone a complete sports physical exam by a licensed
clinician in the past two years. Further, I/We are unaware of any medical condition
that would inhibit my/our child/children participation.

As a condition of our child/children participation in Volleyball and/or Basketball, I/We
agree to accept all the previously mentioned risks as a condition of my/our
child/children's participation.

*Date: _____

*Parent/Legal Guardian
Guardian

*Parent/Legal

Please complete the other page to this form