

**St. John Ski Club**

**Saint John the Evangelist *JETS***

**Saint John Liability Release, Medical Treatment Consent,  
Insurance Information and Acknowledgement of Physical Form**

I, \_\_\_\_\_, individually and as a parent or guardian  
(Name of Parent or Legal Guardian)

of, \_\_\_\_\_, a minor, for and in consideration of the  
(Name of Student Athlete)  
privilege of participating in athletic activities at Saint John the Evangelist Catholic School, Fenton, Michigan, do hereby remise, release and forever discharge the said Saint John the Evangelist Catholic School, its officers, teachers, employees, agents and any and every person associated with the operation of the school from any liability, claims, or demands for damages on account of any injuries which may be sustained by said minor in connection with or as a result of participation in such athletic activities.

I also hereby agree to indemnify and defend Saint John the Evangelist Catholic School against any loss, damage, or cost incurred or suffered as a result of any action, claim, or demand by the said minor or by any other person on his/her behalf or his/her benefit.

I further understand that it is my responsibility to obtain medical insurance for my daughter/son to cover any injuries they may incur.

I also give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of their coach or another responsible team supervisor (including parents, teachers, school or church employees and administrators). This would include transportation to a medical facility if it is determined to be necessary by the above mentioned coach/supervisor. I also hereby assume the responsibility for payment of any such treatment.

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FAMILY PHYSICIAN'S ADDRESS \_\_\_\_\_

MY CHILD'S KNOWN ALLERGIES \_\_\_\_\_

**I further understand that my daughter/son MUST have a current Medical Physical Form on file with the school office before she/he is allowed, BY STATE LAW, to begin practicing with the team.**  
I acknowledge that I understand and will abide by the above mentioned statements.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

\* WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

\*Please have your signature witnessed by a disinterested person over age 18.