



ANNUNCIATION BVM CATHOLIC ELEMENTARY SCHOOL
Athletic Department

1840 Church Rd.
Aurora, IL 60505

Ph: (630) 851-4300
Fx: (630) 851-4316

INFORMATION AND PERMISSION TO TREAT

Athlete's Name _____ Age _____ Graduation Year _____

Parents/Guardian Names _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ for _____ (name)

Cell phone _____ for _____ (name)

Doctor name _____ Phone _____

Blood Type (if known) _____

Please list any medications _____

Please list any allergies _____

Please list any physical problems _____

Does your child have insurance coverage? _____ Yes _____ No

Insurance Company _____ Is this an HMO _____ or PPO _____?

Hospital Choice: ___ Mercy Provena ___ Copley ___ Delnor ___ Other: _____

Consent to Emergency Medical Treatment

In the event the above named player required emergency medical treatment and neither parent nor guardian is present to consent, I do hereby consent to such emergency medical treatment as may be required.

Acknowledgement of Consent:

Parent Signature: _____ Date: _____

Printed Name: _____



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RELEASE, INSURANCE WAIVER AND UNIFORM USE AGREEMENT

Student Name: _____

I. The undersigned releases Annunciation School, its employees, agents, volunteers and teammates from any accidental injuries suffered during athletic practices, games or sports related activities in exchange for the privilege of participating in the Annunciation Athletic Program.

II. The undersigned understands that Annunciation School does not provide free insurance coverage for its students or athletes. Our family has adequate insurance to cover our son/daughter and because of this, we hereby notify Annunciation School that we not wish to purchase school sponsored insurance.

III. The undersigned understands that the uniforms issued to the student are expected to be returned in the same condition as received. They are to be worn for scheduled Annunciation School competitions only. They are not for personal use.

The undersigned agrees to return, in good condition, any uniform issued to the student and agrees to pay the cost of the uniform's replacement if not returned in the condition in which it was issued; reasonable wear and tear are expected.

The undersigned will not mistreat athletic equipment or facilities and will pay for the reasonable cost of repair, replacement or cleaning/cleanup as a result of such mistreatment.

Parent Signature: _____ Date: _____

Printed Name: _____