



**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: \_\_\_\_\_