

**ARCHDIOCESE OF MILWAUKEE**
**Parent's and/or Legal Guardians**
**Risk Acknowledgement and Consent to Participate Form**

Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

1) Parent/Guardian \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Parent/Guardian \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

 My/our child wishes to participate in the sport(s) of (list all)  
 \_\_\_\_\_ during the \_\_\_\_\_ school year.

I/We realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly 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 the above listed sports and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

 \_\_\_\_\_  
 Parent/Legal Guardian      Date

 \_\_\_\_\_  
 Parent/Legal Guardian      Date

**ARCHDIOCESE OF MILWAUKEE**
**Student Athlete - Medical Information & Emergency Consent Form**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Group / Address \_\_\_\_\_

Hospital of preference: \_\_\_\_\_

Insurance Info: Subscriber: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Company: \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of (child's name) \_\_\_\_\_

\_\_\_\_\_ Date

Parent / Legal Guardian

\_\_\_\_\_ Date

Parent / Legal Guardian



## Parent and Athlete Concussion Acknowledgement Form

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

### Parent Agreement:

I, \_\_\_\_\_ have **read** the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Athlete Agreement:

I, \_\_\_\_\_ have **read** the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION**  
**FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC**  
**ATHLETICS - BOYS AND GIRLS**

\*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name: \_\_\_\_\_  
 Last Middle Initial First

Place of Birth (Cty., St.) \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_ City: \_\_\_\_\_

The above named student has been examined and there are no apparent restrictions to participating in interscholastic athletic activities except as follows:

Sports or school activities in which this student cannot participate are (if none - write NONE):

\_\_\_\_\_  
 \_\_\_\_\_

\*If approved for only one year of competition, check here. \_\_\_\_\_

Signature of Licensed Physician or Surgeon: \_\_\_\_\_  
 (print or type)

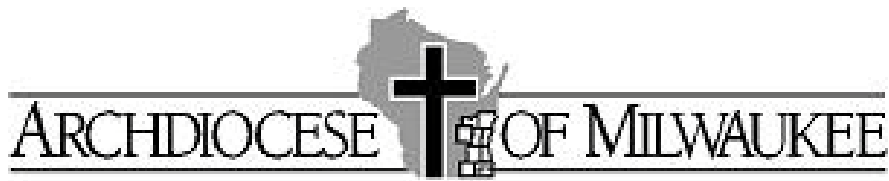
Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.



**Archdiocese of Milwaukee**  
***Student-Athlete***  
**Sportsmanship Pledge**

**Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport**

As a student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

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Student-Athlete

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Parent(s) /Guardian(s)

*+ Jerome E. Listeki*

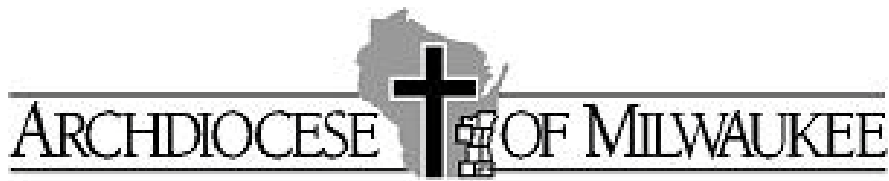
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Coach

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Archbishop Jerome E. Listeki





**Archdiocese of Milwaukee**  
***Parent/Guardian***  
**Sportsmanship Pledge**

**Sports-man-ship – *n.* conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport**

As a parent/guardian of an Archdiocese of Milwaukee student-athlete, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for players, coaches and spectators.
- Provide encouragement and support for players and coaches.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my son/daughter.
- Take responsibility for my actions.

I understand that I may not be able to attend activities if I do not display good sportsmanship.

*+ Jerome E. Listecki*

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Parent(s) /Guardian(s)

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Archbishop Jerome E. Listecki

