



Notre Dame High School
All Open Gym, Summer League, Clinics, and Performance Enhancement

Please print all information.

EMERGENCY FORM:

Last Name:
First Name:
Address:
City: State: Zip:
Home Phone: Work Phone:
Cell Phone: Email:
Emergency Contact Name:
Emergency Contact Number:

Voluntary Athletic Waiver of Liability and Consent

Consent to Treat Waiver: I, hereby authorize the directors of the Notre Dame High School Athletics and Bellarmine College Preparatory High School Staff to act for me according to their best judgment in an emergency requiring medical attention. I understand that there are dangers and risks of playing or practicing to play/participate that could result in minor and serious injuries. I hereby grant permission for myself to participate in the open gym, clinics, and performance enhancement program, and acknowledge that I am physically able to participate in all activities, and I hereby waive and release Notre Dame High School and Bellarmine College Preparatory, it's coaches and volunteers, from any and all liability for any injuries or illnesses or lost property incurred while at the clinics, conditioning, open gyms and/or other related activities. I have no knowledge of any physical impairment that would be affected by the above named players participation in these activates at Notre Dame High School and Bellarmine College Preparatory High School.

Insurance: I hereby acknowledge that my private insurance will be the primary insurance coverage during my participation. This waiver of liability expressly includes transportation to and from, or in conjunction with, said Notre Dame High School and Bellarmine College Preparatory High School clinics, camps, conditioning, open gyms and/or athletic related activities.

Signature:

Insurance Carrier and Policy/Group Number: