

**MOTHER OF GOOD COUNSEL ATHLETIC ASSOCIATION**  
**PERMISSION FORM AND LIABILITY RELEASE**

Sport (**Check ALL**):     Fall Soccer     Volleyball     Basketball     Girls Softball     Spring Soccer

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1) Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

I have read and understand the contents of the MGC Athletics Student/Parent Handbook. My child/ward, my family and I agree to follow all the rules and regulations of MGC Athletics, including, but not limited to, the rules concerning good sportsmanship and conduct toward players, coaches, officials and fans. I understand that violation of the rules by my child/ward, my family or myself at practice, games or other athletic events, home or away may be grounds for removal and/or banning of the offending party from the practice, game and/or facility at the discretion of the Athletic Director, sport Coordinator, Gym Coordinator, officials or coach.

**SUBJECT TO THE ABOVE AND TO THE FOLLOWING REPRESENTATIONS, PROMISES AND RELEASE OF LIABILITY:**

I hereby give my permission for the above-named participant to practice and compete in Mother of Good Counsel (MGC) sports and, as parent or legal guardian; I agree to be financially responsible for the safe return of all athletic equipment issued to the participant. I agree to pay the required athletic fees and perform the required service hours. I understand that my child/ward may be suspended from athletics for noncompliance of these requirements. I represent that my child/ward has had a physical examination by a physician within the last two (2) years and has no physical/mental limitations whatsoever that would prevent the child from fully participating in the above sport. I agree to immediately notify the MGC Athletic Director and coach in writing if any healthcare provider, anyone in the child's family or myself feels that the child's activities should be limited in any way.

I grant permission to the coach to provide immediate emergency care or secure ambulance service, in the case of illness or injury that may occur during practice or competition. I realize that there is a risk of being injured that is inherent in all sports. I realize the risk of injury may be severe, including the risk of fractures, paralysis or even death. I realize that the MGC Athletic Association's policy requires that all participants be covered by health and personal injury insurance. I hereby certify that my child/ward is so covered. It is the responsibility of the parent or legal guardian to notify the Athletic Association if there is any change resulting in discontinuance, limitation or dropping of insurance coverage.

The undersigned certifies that all information given above is correct. Furthermore, the undersigned does hereby release and forever discharge on behalf of the participant and the undersigned, including the participant's parents and guardians, any and all claims of negligence that may be asserted against MGC Parish, School, Athletic Association, the Milwaukee Archdiocese, any league association and each such entity's board members, volunteers, agents, coaches, supervisors and commissioners from damages and/or injuries to the above-named participant which may arise from their participation in the MGC athletic programs.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date