

**POPE JOHN PAUL II HIGH SCHOOL
PERMISSION FORM**

3 v. 3 Basketball at JP II

Player's Name (last, first, middle initial)

TO BE COMPLETED BY PARENT/GUARDIAN

PERMISSION TO PARTICIPATE, RELEASE OF ALL CLAIMS, AND CONSENT TO TREATMENT

I hereby give permission for the above-referenced child to participate in 3 v. 3 league games sponsored by Pope John Paul II High School (hereafter known as JP II). I understand that there is a risk of personal injury in any activity. In consideration of the permission granted to the above-referenced child to participate in 3 v. 3 games and I hereby release JP II, its agents and employees, for all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators or assigns, may have against JP II, its employees, agents attending JP II and by participating in a school sponsored activity. In the event that reasonable attempts to contact me at the telephone numbers listed below have been unsuccessful, or in the case of a true emergency, I hereby give my consent for any treatment deemed necessary to a licensed physician or dentist and/or the transfer of a child to the nearest hospital. I hereby give to any physician, dentist, hospital or other health care provider consent to perform any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, under the general or special supervision of any licensed physician, licensed health care provider, or dentist.

PLEASE PRINT INFORMATION

Insurance Company _____ Subscriber _____

ID# _____ Group # _____

Medical Condition(s) _____ Medication(s) _____

Dosage _____ Frequency/Time of Medication _____

Mother's Name (please print) _____

Work # _____ Cell # _____

Father's Name (please print) _____

Work # _____ Cell # _____

Emergency contact(s) (person(s) allowed to make health decisions for your child or may pick up your child if ill). Provide names, relationship, and phone numbers.

PLEASE INITIAL TO INDICATE YOUR AGREEMENT

_____ I have read this ***Permission to Participate, Release of All Claims, and Consent to Treatment*** and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature

Date Signed