## DIOCESE OF FORT WORTH CATHOLIC SCHOOL SYSTEM

## PARENTAL CONSENT FOR INTERSCHOLASTIC SPORTS' PROGRAM RELEASE OF CLAIMS, AND INDEMNIFICATION

(Elementary Schools in Tarrant County)

Students are eligible to participate in the Interscholastic Sports Program sponsored by the schools of the Diocese of Fort Worth under the following conditions:

- Students must maintain passing grades in all required subjects before being allowed to participate in the sports' program.
- 2. The student's file shall include the following information:
  - A. Evidence that he/she has had a complete physical examination each school year prior to the start of practice, and to be renewed annually. (June to June)
  - B. A written statement by the parent/guardian either accepting or declining the student accident insurance coverage offered through the school.
  - C. The Parental Consent for Interscholastic Sports Program, Release of Claims, and Indemnification.

Therefore, in consideration for the Diocese of Fort Worth allowing "My Child" to participate in the Interscholastic Sports Program, I hereby agree that "My Child", myself, and the other natural parent of "My Child" assume any and all risk for any injuries which "My Child" could or might sustain in the participation of any sport. I understand that there is always the possibility of an individual being injured in the sports program. Therefore, on behalf of myself and the other natural parent of "My Child", I hereby release and discharge the Diocese of Fort Worth, its agents, servants, and employees, including but not limited to, all the Catholic School System, and all teachers, coaches, and parents participating in the Interscholastic Sports Program of and from any and all claims, demands, or causes of action arising out of or connected in any way with "My Child" participating in the Diocesan Interscholastic Sports Program.

Having made the above stated contract, I request and consent to "My Child" being permitted to participate in the Interscholastic Sports Program sponsored by the Schools of the Diocese of Fort Worth.

Name of Child:		Grade:	
Emergency Numbers: HM:	Wrk	Pager/Cellular:	
Family Doctor:		Phone:	······································
Parent/Guardian Signature:		Date:	-