



SUMMER FOOTBALL TRAINING
PERMISSION AND CONSENT FORM
Summer 2017

Student Name: _____ Year: _____

Address: _____

Home Phone: _____ Age: _____ Birth Date: _____

I, the undersigned parent or legal guardian of: _____
give my permission for my child to attend and participate in all activities associated with
this program. Employees and adult agents of Jesuit High School are hereby given
supervisory authority during the time period indicated above.

I certify that my son is adequately healthy to participate in this activity. I list below any
physical or medical problems that the supervising staff should know about such as
allergies, asthma, prescriptions, etc.

I understand the possibility of injury or accident always exists, and that an accident could
involve my child, or he could be injured. I hereby authorize the physician contacted by
Jesuit High School to provide medical or surgical care for my child in any emergency
that may occur. I further understand that I am financially responsible for any costs
related to treatment and will provide payment or insurance coverage.

Jesuit High School, its directors, officers, employees and agents are hereby released from
liability for all actions taken in good faith during this activity.

Mother's Name (Signature) Work Phone Cell Phone

Father's Name (Signature) Work Phone Cell Phone