

**ST LOUIS TOURNAMENT RELEASE
CONSENT AND MEDICAL INFORMATION**

TO: ST LOUIS CATHOLIC SCHOOL

RE: PARTICIPATING CHILD _____ GRADE: _____

BIRTHDATE: _____ TEAM _____

I, the person signing below and the parent or legal guardian of the participating child identified above, understand that my child's participation in the St. Louis Basketball Tournament is a privilege subject to all school policies. I also understand that if either my child or any member of my family does not conduct himself/herself appropriately the Tournament Director, in his sole and absolute discretion, may prohibit my child from participating.

I understand that participation in the St. Louis Basketball Tournament is voluntary and that it may be administered by volunteers. I release, hold harmless and covenant not to sue any of St. Louis Church, St. Louis School, it's administrators, teachers, staff, parents and volunteers for any claim or cause of action which may arise as a result of my child's participation in the St. Louis Basketball Tournament.

I hereby authorize St. Louis School, it's administrators, teachers, staff, parents, and volunteers to obtain any necessary or appropriate medical care and treatment for my child, and authorize such persons to make any decisions required for medical treatment. I authorize any health care provider to treat the child and acknowledge full financial responsibility for all costs incurred. I have provided the requested medical information below. I understand a copy of this document will be provided to the coaches.

Insurance

Company/Provider _____ GroupNo. _____

Subscriber No. _____ NetworkNo. _____ Physician: _____

Medical Conditions/Medications _____

Home Phone: _____ Work Phone: _____

Mobile/Cell Phone: _____ Pager No.: _____

Signature of Parent or Legal Guardian

Date: _____

Other persons to contact in case of an emergency:

Name: _____

Phone: _____

Name: _____

Phone: _____