

# FAMILY INFORMATION / WAIVER AND RELEASE FORM

**\* Complete Both Sides of This Form \***

Family Surname: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Additional emails to send information: \_\_\_\_\_

Children Registering for SFX Sports:

1) Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade next Fall: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade next Fall: \_\_\_\_\_

3) Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade next Fall: \_\_\_\_\_

## 1. STUDENT-ATHLETE & PARENT HANDBOOK ACKNOWLEDGEMENT

We have read and understand the St. Francis Xavier Athletic Program Student-Athlete & Parent Handbook, paying special attention to Student Eligibility Requirements, the Athlete's Code of Conduct, Expectations of the Parents/Guardians, and the Uniform Return Policy. Our signatures below confirm our agreement to be bound by these requirements.

## 2. WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN ATHLETIC PROGRAMS

Please read this information carefully and be aware that by signing this form you will be waiving and releasing all claims for injuries your student might sustain arising from these programs. We hereby certify that the above-named student(s) has/have my/our permission to participate in all activities of the St. Francis Xavier athletic program. I/We hereby, for ourselves, and on behalf of our heirs, executors, administrators and assigns, waive, release and discharge the Catholic Bishop of Chicago, St. Francis Xavier Parish, St. Francis Xavier School, employees, coaches, volunteers and any other persons connected with the athletic program from any responsibility or liability whatsoever for any losses, injury, death or other damage sustained in any activity during or surrounding the athletic program. I/We are signing this waiver of liability of our own free will.

I/WE HAVE READ AND FULLY UNDERSTAND THE NATURE OF THE ABOVE PROGRAMS AND WAIVER AND RELEASE OF ALL CLAIMS.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

**Signatures Required**

