

**The High School of Saint Thomas More**  
**Athletic, Sporting, and Other Events**  
**Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone/Cell Phone: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I understand the risks this activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

In consideration of my child being allowed to participate in this activity, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Insurance Requirement**

Students at The High School of Saint Thomas More must be covered by accident insurance when they are participating in athletics. This coverage may be provided by a family insurance policy or by special student insurance through Student Plans, Inc. One of the two statements below must be signed by the parent or guardian.

**STATEMENT 1**

Our family medical insurance policy # \_\_\_\_\_, issued by  
(Insurance Company) \_\_\_\_\_,

Will cover (participant) \_\_\_\_\_ while participating in athletic activities with

The High School of Saint Thomas More.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT 2**

We are purchasing the following student health and accident coverage from Student Plans, Inc.:

Type of Plan:       Economy Plan       Standard Plan       Deluxe Plan

Coverage:       School Time       24-Hour

Options:       Football       Accident and Sickness       24-Hour Summer Vacation Only

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Statement 2 is signed, the application and premium payment must be submitted to the Athletic Director no later than the first day of school (or of practice, if the Football Option is chosen).

(over)

