

**COMPLETE FOR STUDENTS ENTERING GRADES 5-8**



*Wildcats Athletic Program*

**CONSENT AND MEDICAL AUTHORIZATION**

I hereby consent and authorize:

\_\_\_\_\_  
Print Student Athlete Name (Print)

\_\_\_\_\_  
Grade Level in 2011-2012

\_\_\_\_\_  
Print Student Athlete Name (Print)

\_\_\_\_\_  
Grade Level in 2011-2012

\_\_\_\_\_  
Print Student Athlete Name (Print)

\_\_\_\_\_  
Grade Level in 2011-2012

to participate in the St. Thomas Aquinas (STA) Athletic Program. I certify that said student-athlete is insured, that a physician has examined said student-athlete for this school year and that the physician has stated that the student-athlete is physically able to participate in supervised athletic activities.

In the case of a medical emergency, I authorize the coach and/or other STA team representatives to seek medical attention for the student-athlete for injuries that may occur as a result of the student-athlete's participation in athletic activities.

It is understood, and I hereby waive and release St. Thomas Aquinas Catholic School, STA administrators, sport coordinators, coaches, other STA team representatives and St. Thomas Aquinas Parish of and from any liability in the event of an accident or injury that may occur as a result of the student-athlete's participation in athletic activities.

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**