

**ARCHDIOCESE OF MILWAUKEE**

**Parent's and/or Legal Guardians**

**Risk Acknowledgement and Consent to Participate Form**

Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

1) Parent/Guardian \_\_\_\_\_

Parent/Guardian Address

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Parent/Guardian \_\_\_\_\_

Parent/Guardian Address

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My/our child wishes to participate in the sport(s) of (list all)  
\_\_\_\_\_ during the \_\_\_\_\_ school year.

I/We realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with our child's participation in the above listed sports and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

\_\_\_\_\_  
Parent/Legal Guardian      Date

\_\_\_\_\_  
Parent/Legal Guardian      Date