



Our Lady of Peace School

410 NORTH ABINGTON ROAD • CLARKS GREEN, PENNSYLVANIA 18411
TELEPHONE: 717/587-4152

OUR LADY OF PEACE SCHOOL SPORTS PROGRAM

Student Application Form, Medical and Insurance
Certificate, Consent, Waiver and Release
Academic Eligibility

Student's Name _____	Father's Name _____
Address: _____	Work Phone No. _____
_____	Mother's Name _____
Telephone No. _____	Work Phone No. _____
Date of Birth _____	Grade: _____

MEDICAL INFORMATION

Physician's Name: _____

Physician's Address: _____

Physician's Telephone No.: _____

Preferred Hospital: _____

Medical Insurance: _____

Emergency Contact Person: _____
(Other than parent)

Telephone No. _____

Physician's Release: _____ has been examined
(Name of student)

on this date _____ and I hereby certify that he/she may partici-
pate in competitive sports. (Please identify any physical conditions
which may limit participation or which should be known by coaching staff
or trainers.)

_____ Date

_____ Physician's Signature



INSURANCE CERTIFICATE

I hereby certify that the above named student is covered by a policy of medical insurance, referred to under Medical Information, for emergency and non-emergency treatment of injuries which are sustained while participation as a member of Our Lady of Peace Sports Program. This policy will be in effect during team games, practice and related activities, including, but not limited to, transportation to such activities.

_____ Date

_____ Parent's or Guardian's Signature

CONSENT WAIVER AND RELEASE

I, the undersigned, certify that I am the parent or natural guardian of the above named student. I further certify that I am authorized to execute this Consent, Waiver and Release on behalf of the student.

I consent to have the student participate in the Our Lady of Peace Sports Program. I understand that it is my obligation to ascertain that the student is medically able to participate in the Sports Program, and I do hereby certify that the student is so medically able to participate.

In addition, I, the undersigned, on behalf of myself and any other parent or natural guardian of the student, and on behalf of the student, and in consideration of the student's participation in the Sports Program, do hereby release and forever discharge trainers and assistants, the Diocese of Scranton and the Bishop of the Diocese of Scranton as an individual and/or trustee (hereinafter referred to as "Administration and Coaches), Our Lady of Peace School, for any claim or cause of action and actions the student or the student's heirs, executors, administrators, or assigns hereafter, can, shall or may have by reason of any matter, cause, or object whatsoever relating to the Sports Program, including but not limited to any injuries sustained while traveling to, participation in, or traveling from any event of the Our Lady of Peace Sports Program.

_____ Date

_____ Parent's or Guardian's Signature

ACADEMIC ELIGIBILITY

As part of my child's enrollment at Our Lady of Peace School, I have received a copy of the Calendar/Student Handbook which contains the regulations for student academic eligibility. I agree to abide by these rules and regulations.

_____ Date

_____ Parent's or Guardian's Signature