Saint James School Athletic Form (2026-2027)

In order for your child to participate in a Saint James School sport, this form must be completed and signed by a parent and your child's physician and submitted to the School Office by the first practice. The Athletic Form is valid for all sports your child will be participating in for the entire school year. (Please notify your child's coach if there are any health changes during the season.)

To be completed by parent/guardian:

Informed Consent: I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death.

Student's Name: _____

Sports (please check all that apply): ☐ Cross Country ☐ Basketball ☐ Soccer ☐ Cheerleading

School Year: _____ Grade: _____ Date of Birth: _____ Insurance: Yes or No

Insurance Carrier(s) and ID/Membership Number(s): _____

_____

Parent/Guardian Name: _____ Phone: (h) _____

(c) _____

(w) _____

Parent/Guardian Address: _____

Parent/Guardian Employer: _____ Phone: _____

Emergency Contact Name: _____ Phone: (h) _____

(w) _____

(c) _____

Name of Child's Physician: _____ Phone: _____

Having read the informed consent and knowing the risk, _____ has my permission to participate in the extracurricular school sports program. In case of injury or illness, and I cannot be reached, the coach, trainer, nurse or athletic director has my permission to make arrangements for my son/daughter to be taken to the nearest medical facility.

(Please complete the other side of this form)

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the sports program at Saint James School.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment, as may be necessary for the welfare of my child by a physician, qualified nurse, and/or hospital or other health care facility while my child is participating in the sport event. Further, I hereby release and discharge Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment. My child has the following special medical conditions (please check all that apply):

_____ **Allergic Reactions** _____ **Asthma**

_____ **Diabetes** _____ **Medically Prescribed Diet**

_____ **Physical Limitations** _____ **Other Conditions**

_____ **Medications that may need to be taken on an emergency or routine basis**

Please describe condition with particularity, including any warning signs, medications, or special instructions:

_____

_____

_____

Signature of Parent/Guardian _____ Date _____

To be completed by physician:

I hereby certify that _____ is physically able to participate in all sports, including collision and contact sports.

This certificate is good for the 2026-2027 school year unless voided by any serious injury, accident or illness. If void, it will be the responsibility of the student to get updated medical information from his/her physician before resuming participation in competitive sports.

Signature of Physician_____ Date _____

Please return form to: St. James School, 73 Park Street, Manchester, CT 06040
Phone: (860) 643-5088 Fax: (860) 649-6462