



Ste Jeanne d'Arc School

The Journey Begins

PERMISSION TO PARTICIPATE / LIABILITY RELEASE

We, the undersigned parents/legal guardians, request that our son/daughter, _____ participate in the Ste Jeanne d'Arc School **Athletic Sports** Program for the 2022 - 2023 school year as a member of the following teams (check all that apply – 1 per season):

Fall Season	<input type="checkbox"/>	Girl's XC 4-8 th grade	<input type="checkbox"/>	JV Volleyball 4/6 th grade	<input type="checkbox"/>	Girl's Soccer 4-8 th grade
	<input type="checkbox"/>	Boy's XC 4-8 th grade	<input type="checkbox"/>	Varsity Volleyball 7/8 th grade	<input type="checkbox"/>	Boy's Soccer 4-8 th grade
Winter Season	<input type="checkbox"/>	JV Cheer 1 st -3 rd grade	<input type="checkbox"/>	B G JV Basketball 4/6 th grade	<input type="checkbox"/>	Coed Bowling 4-8 th grade
	<input type="checkbox"/>	Varsity Cheer 4-8 th grade	<input type="checkbox"/>	B G Varsity Basketball 7/8 th grade	<input type="checkbox"/>	Coed Archery 4-8 th grade
Spring Season	<input type="checkbox"/>	Baseball 6-8 th grade	<input type="checkbox"/>	Girl's Track & Field 4-8 th grade	<input type="checkbox"/>	JV Tennis 4/6 th grade
	<input type="checkbox"/>	Softball 6-8 th grade	<input type="checkbox"/>	Boy's Track & Field 4-8 th grade	<input type="checkbox"/>	Varsity Tennis 7/8 th grade

In consideration of my/our child's participation in this program, I/we hereby release and forever discharge the school of Ste Jeanne d'Arc, Lowell, MA, the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and causes of actions, including but not limited to, claims for personal injury or property damages which I/we, individually and as parent/guardian of my/our child and on behalf of my/our child, may have arising out of or in any way related to the aforementioned program, activity or event due to ordinary negligence on the part of the school or staff. I/we do not release the school and its agents from liability for injuries due to negligence or intentional acts.

I/we also state that we are not aware of any health reasons, which would prohibit or limit my/our child's participation in this program, activity or event.

We further acknowledge, understand and agree that by our child taking part in the **Athletic Sports Program**, there is a possibility of physical illness or serious injury, including but not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs and serious injury to bones, ligaments, joints, and tendons, and that participant is assuming the risk of such illness or injury by participating in the **Athletic Sports Program**.

In an effort to provide a safe environment for the student-athlete, the coach will instruct participants concerning rules and the correct mechanics of **sport specific** skills. It is vital that athletes follow the coaches' instructions, rules and policies to decrease the possibility of serious injury.

The school provides accident insurance in the event of an injury. Should an incident occur, claim forms are available in the school office or by contacting the Athletic Director.

Student's Signature		Date
Parent/ Legal Guardian's Signature		Date
Parent/ Legal Guardian's Signature		Date
Address:	Telephone Number:	
City:	State:	Zip Code: