

I/we assume full responsibility for any injury that he/she may sustain during practice, game or transportation to or from these events. I/we shall not hold St. Bede Athletic Association, St. Bede School, St. Bede Parish, Catholic Bishop of Chicago or its workers and volunteers responsible for any accident during the sport season.

I/we waive any liability (medical or otherwise) to the school and/or St. Bede Athletic Association which may occur because my child's participating in the sports program.

I/we hereby attest to the fact that I/we have medical insurance coverage for the registered child participating in Athletic Programs at St. Bede School.

I/we give permission for emergency treatment of my/our child for illness or accident if I/we cannot be contacted by any and all health care providers designated by St. Bede School.

I/we further understand I/we will be contacted as soon as possible as to the medical emergency and be provided with all necessary information related to the medical emergency.