Name_____Address_____

Date Of Birth_____ Date of Physical_____

Age_____ Class_____ Height_____ Weight_____

Place Of Birth_____ County_____

Parent\Guardian Father_____ Mother _____

Home Phone_____ Work Phone _____

In Case of Emergency Contact _____

Relationship _____ Phone_____

Do you have any special Medical Problems/Medicine? _____

If So, Please Explain:

_____

_____

Family Doctor_____ Phone _____

Family Dentist_____ Phone _____

Do you have School Insurance? _____ Family Insurance and Policy No._____

RELEASE OF ALL CLAIMS

In consideration of the permission granted to my child by Quincy Notre Dame High School, Quincy, Illinois to participate in_____ during the 2026-27 school year, I hereby release and discharge Quincy Notre Dame High School, its agents, employees, and officers from all claims, demands, and actions which the undersigned ever had, or now has, or may have, or which the undersigned=s heirs, executors, administrators, or assigns may have, or claim to have against Quincy Notre Dame High School for all personal injuries, known or unknown, and injuries to property caused by, or arising out of, the above-described sports activity. I further acknowledge that I have adequate medical insurance to cover any medical costs relating to injury or accident arising from participation in the above sports activity.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Date:_____ _____

Parent/Guardian Signature

AUTHORIZATION FOR MEDICAL TREATMENT

In case of injury to my child, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations, and immunizations. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, I hereby authorize the treatment necessary for the best interest of my child.

Date:_____ _____

Parent/Guardian Signature