



**ATHLETIC LEAGUE**  
**Athletic Participation and Medical Release Form**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport for which Student is Registering: \_\_\_\_\_

Name of Custodial Parent(s): \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Alternate Emergency Contact Name and Number: \_\_\_\_\_

**ALL SIGNATURES BELOW MUST BE PROVIDED IN ORDER FOR A STUDENT TO PARTICIPATE  
IN THE IRISH YOUTH SPORTS ATHLETIC PROGRAMS.**

**Permission to Participate:**

I grant permission for the child named above to participate in the sport indicated and agree to assume any financial obligations which might occur as a result of loss or damage to team uniforms provided. Further, I have reviewed the academic and Code of Conduct requirements for participation in athletics in the Irish Youth Sports Athletic Program and agree to the provisions of these policies including the release of academic and conduct information regarding my child to Coaches and Board of Directors.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Clearance:**

I attest that the child named above was evaluated by a physician, and, that in the course of this (these) evaluation(s), no medical condition was found which should prohibit this student from participating in the sport identified.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Although the child named above has no medical condition that would eliminate his/her participation in the sport identified, he/she has these medical conditions of which coaches should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Authorization:**

Should it be necessary, I grant permission for the child named above to be provided first aid, transported to the hospital by automobile or ambulance, and to receive emergency care from a hospital or qualified medical provider.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Irish Youth Sports is no way financially or otherwise associated with  
the Diocese of Steubenville, St. John's Church, the Catholic High School, or Grade School.

IRISH YOUTH SPORTS, INC.  
Waiver of Liability, Release  
Assumption of Risk & Indemnity Agreement

For and in consideration of the undersigned participant's registration with Irish Youth Sports ("Organization") and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in Camp events, and/or other sporting activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement and any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to sports participation and activities incidental thereto, and understand that sports and activities incidental thereto involve risks to participant's and participant ('s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of sports facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of sports facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's sports activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releases, or negligent supervision or instruction by releases.

Participant and participant(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of sporting activities and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

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Participant Signature	Age	Date Signed
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Participant Name (Print)

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Parent or Guardian Signature	Date Signed
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