



Padua Franciscan High School Athletic Medical Waiver Form

I grant permission for our child, _____ to participate in interscholastic athletics during the school year. In doing so, I believe to the best of our knowledge that our son/daughter is physically fit to participate in athletics. I understand that there is inherent risk of injury when participating in athletics and we will assume full responsibility for the payment of all medical expenses in case our child is injured while the team is under the supervision of Padua Franciscan High School personnel.

Parents' or Guardians' Names:

Father: _____

Address: _____ City: _____ Zip: _____

Telephone: Home _____ Work _____

Mother: _____

Address: _____ City: _____ Zip: _____

Telephone: Home _____ Work _____

Other pertinent information that we should be aware of:

Parent's name (printed)

Parent's signature

Date