

**John Bapst Memorial High School
Parent Consent/Insurance/Financial Responsibility Form**

Before representing John Bapst Memorial High School on any athletic team, the student- athlete must return these completed forms to his/her coach.

PARENT CONSENT

I, hereby certify that the student named below may take part in the _____
for the _____ season which involves practice sessions, participation in athletic
events, and transportation to and from such events.

STUDENT: _____ GRADE: _____

PHONE: _____ AGE: _____ D.O.B. ____/____/____
DATE ENTERED GRADE 9 _____

List any other sports you participated in this year: _____

Parent/Guardian Signature: _____ Date: _____

ATHLETIC INSURANCE

All students who participate in interscholastic athletic programs at John Bapst must have some form of insurance to cover injuries.

I understand that as a Parent/Guardian, I am responsible for any medical expenses, which may occur as a result of athletic injury.

Parent/Guardian Signature: _____ Date: _____

Family Insurance Company: _____ Policy Number: _____

FINANCIAL RESPONSIBILITY

All student-athletes are responsible for the athletic equipment issued to them by John Bapst Memorial High School. If equipment is stolen or lost, the student-athlete is responsible for the replacement cost. If payment is not received, the student/athlete will forfeit any athletic award and will not be allowed to participate on future athletic teams until all financial obligations have been met.

Student Signature: _____