



Notre Dame Academy  
 4345 Del Mar Trails Road  
 San Diego, CA 92130  
 858 - 509 - 2300

**PERMISSION TO PARTICIPATE IN ORGANIZED  
 SPORTS ACTIVITY EXCULPATORY RELEASE and  
 INDEMNITY AGREEMENT**

**ATHLETE PERMISSION FORM**

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a student of Notre Dame Academy (hereafter “NDA”), hereby grant(s) permission for him/her to participate in organized sports activity as follows: \_\_\_\_\_, and further consents that he/she may be transported to such activity in a private automobile operated by an adult, or by public or chartered bus.

It is understood that the adult supervision of the organized activity will be under the direction of NDA and its staff, and the mandatory conditions for volunteer drivers are: a valid California Drivers License; parent permission to operate the automobile to transport other students; the automobile to be driven is in good operating condition; car pool insurance - \$250,000/\$500,000 bodily injury and \$25,000 property damage; and only the correct number of students are to be in the vehicle. This means ONE STUDENT PER SEAT BELT. Transporting students in the back of a pick-up is NOT ALLOWED.

**Note: All drivers and coaches must complete all four volunteer requirements: Watch the Safe Environment Video, current negative TB test, signed child abuse awareness form and complete a LiveScan.**

Participating in any sporting event carries risk of physical harm. Not all harm can be avoided. The undersigned agree(s) to:

1. Know the physical demands of the particular sport and be prepared for the first day of practice.
2. Have knowledge of rules and proper technique for the sport and practice only safe technique during practice and competition.
3. Make the coach and athletic trainer aware of any new or existing conditions that may put you at increased risk of injury.

**RELEASE AND INDEMNITY**

In consideration for the above student being permitted to participate in the organized sports activity specified above, the undersigned agree(s) to not make or join in a claim or civil suit for injury, death or property damage against an entity affiliated with NOTRE DAME ACADEMY, including their administrators, staff and volunteers from all actions, claims and demands the undersigned or the student may hereafter have for injury, death or property damage arising out of negligence or strict liability, as consistent with public policy, arising out of participation in the organized sports activity specified above.

Further, if a claim or civil suit is made by the student or someone in a representative capacity on behalf of the student for injury, death or property damage, arising out of participation in the organized sports activity specified above, the undersigned agree(s) to indemnify and hold harmless all entities affiliated with NDA, their administrators, staff or volunteers from any and all such claims, suits, damages, including judgments and/or settlements, whether such claims arise out of the negligence of any such entity or affiliated individual, whether an employee, agent, or volunteer, and whether such negligence is active or passive, and whether individually or in concert with others.

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Grade</b>	<b>Sport</b>
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9/8/15

## Authorization

The undersigned as parent(s) or legal guardian(s) of the above named minor student hereby authorize and grant to the supervising or a participating adult permission in the event of illness or injury while participating in the athletic activity specified above to consent to the following:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

Said authorization to include the release of any medical or dental records to the attending physician or dentist for review.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

Parent/Guardian Contact Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Alternate if above cannot be contacted: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Any special medical conditions not listed? \_\_\_\_\_

**Registration Fee: \$50**

**Registration Fees cover many costs including, new uniform jerseys, league fees, field and gym fees, equipment, ref fees, medals, etc.**

Checks made payable to 'NDA'    Check #: \_\_\_\_\_

**Fall SPORTS PERMISSION FORM DUE BY: Friday, September 11<sup>th</sup>**