ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant		Birth Date	
Address			
1) Parent/Guardian			
Parent/Guardian Address			
Home Phone:	Work Phone:	Cell Phone:	
2) Parent/Guardian			
Parent/Guardian Address			
Home Phone:	Work Phone:	Cell Phone:	
My/our child wishes to part	icipate in the sport(s) of (lis	t all) during the	school year.
risks could involve (but are concussions, permanent dis- impair my/our child's future activities and to generally e	numerous risks involved in p not limited to): sprains, con ability, internal injuries, par- e abilities to earn a living, en njoy life. I/We have been in on in the above listed sports	tusions, broken bones, lac alysis and possibly death. agage in business, social, a aformed about the various	erations, These risks could and recreational risks associated
	ity and certify my/our child in the past two years. Furthild's participation.		
	voluntary participation in the ks as a condition of my/our ch		we agree to accept all
Parent/Legal Guardian	Date		
Parent/Legal Guardian	Date		
Form 6145.2(b)		Archdiocese	e of Milwaukee

Form revised: 5-6-97

9/4/2007