



**MATER DEI CATHOLIC HIGH SCHOOL  
PERMISSION TO PARTICIPATE IN SPORTS AND OFF CAMPUS ACTIVITY  
EXCULPATORY RELEASE and IDEMNITY AGREEMENT**

**-and-**

**AUTHORIZATION FOR EMERGENCY MEDICAL  
AND DENTAL TREATMENT**

**PERMISSION**

**SCHOOL YEAR: 2012/2013**

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, **Grade:** \_\_\_\_\_  
a student at **MATER DEI CATHOLIC HIGH SCHOOL** (hereafter "MDCHS"), hereby grant(s) permission for him/her to  
participate in sports/off campus activity as follows: \_\_\_\_\_ and further consent(s) that he/she  
may be transported to such activity in a private automobile operated by an adult or student volunteer or by public or chartered bus.

IT IS UNDERSTOOD that adult supervision of the off campus activity will be under the direction of MDCHS and its staff,  
and the mandatory conditions for volunteer student 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.

**Release and Indemnity**

In consideration for the above student being permitted to participate in the off campus 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  
the CATHOLIC DIOCESE OF SAN DIEGO, including MDCHS, their administrators, staff or volunteers participating in the above  
sports/off campus activity and hereby release(s) all entities affiliated with the CATHOLIC DIOCESE OF SAN DIEGO, including  
MDCHS, and 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 sports/off campus 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 sports/off campus activity specified above, the undersigned  
agree(s) to indemnify and hold harmless all entities affiliated with the CATHOLIC DIOCESE OF SAN DIEGO, including MDCHS,  
their administration, staffs 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.

PLEASE COMPLETE BOTH SIDES OF THIS FORM.....

## **AUTHORIZATION**

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

In case of injury, I hereby give my consent for my son/daughter to have initial treatment by a hospital physician, team physician, or whatever treatment is deemed necessary. 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. This permission includes emergency surgery and admission to the hospital in addition to drugs and physical therapy; along with authorization to include the release of any medical or dental records to the attending physician or dentist for review.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_  
Parent or Guardian

Print: \_\_\_\_\_  
Parent or Guardian

Sign: \_\_\_\_\_  
Parent or Guardian

Sign: \_\_\_\_\_  
Parent or Guardian

Telephone Number of Parent/Guardian: \_\_\_\_\_

Home: \_\_\_\_\_

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

Work: \_\_\_\_\_

Name of Alternate if the above cannot be contacted:

\_\_\_\_\_

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

Family Health Insurance Company & Policy #: \_\_\_\_\_

Print Name of Student: \_\_\_\_\_

Date of Birth of Student: \_\_\_\_\_

### **Athlete's Agreement:**

#### **I understand that:**

- a) I must be passing in at least four (4) subjects and have at least a 2.0 GPA in all subjects taken.
- b) My citizenship must be satisfactory. Two (2) U's from the previous grading period will result in automatic ineligibility, three (3) negative notations, N's or U's on two (2) separate grading periods during the school year will result in an automatic ineligibility.
- c) The MDCHS Athletic Department will not tolerate the use of alcohol, tobacco or drugs. Use and/or possession will result in being banned from all athletic participation.
- d) The Varsity Letter awarded is a symbol of my contribution in the field of athletics at MDCHS and remains the property of the school until my graduation; the wearing of the Letter carries certain responsibilities. This privilege may be withdrawn at any time by the school authorities.
- e) I must attend at least two (2) periods of classes of a school day in order to participate in either practice sessions or contests.
- f) As a representative of Mater Dei Catholic High School, my department and sportsmanship will always reflect the school philosophy. Behavior contrary to the school philosophy may result in being banned from all athletic participation.
- g) I may not be tested, evaluated or attend a tryout of any professional team without approval of Principal.
- h) Serious, catastrophic injury can result from any athletic participation. A handicapping injury or death can occur even under optimum conditions (equipment, coaching, and playing surfaces).

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_