



Notre Dame Academy
4345 Del Mar Trails Road
San Diego, CA 92130

PLEASE SUBMIT ELECTRONICALLY

(858) 509-2300

TO: sports@ndasd.org

**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.

Last Name

First Name

Grade

CHECK ALL THAT APPLY

FALL SPORTS

WINTER SPORTS

SPRING SPORTS

Boys Football

Boys Basketball

Boys Soccer

Girls Volleyball

Girls Soccer

Girls Basketball

Cross Country Meet

Pee-Wee Soccer (K-4)

Pee-Wee Basketball (3-4)

Girls Powderpuff

Track Meet

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? _____

Turn in Registration Fees to Sharon Long: \$50 Per Sport — \$10 (Each) for XC/Track Meet

Checks made payable to 'NDA' Check #: _____