

HOLY CROSS ATHLETICS

Warning and Assumption of Risk Form

Both student and parent/guardian must read carefully and sign.

SPORT (Check applicable spaces):

____ **BASEBALL**

____ **SOCCER**

____ **BASKETBALL**

____ **SWIMMING**

____ **BOWLING**

____ **TENNIS**

____ **CROSS COUNTRY**

____ **TRACK**

____ **FOOTBALL**

____ **WRESTLING**

____ **GOLF**

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play participate in the above-checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above-checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above-checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

In consideration of Holy Cross High School permitting me to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing/participating in that sport(s), I hereby assume all the risks associated with participation.

I specifically acknowledge that FOOTBALL, WRESTLING, and BASEBALL are **PHYSICAL CONTACT SPORTS** involving even greater risk of injury than other sports.

DATE _____ STUDENT SIGNATURE _____

PARENT/GUARDIAN

I, _____, am the parent/legal guardian of _____ (student).
I have read the above warning and assumption of risk form and understand its terms. I understand that all sports can involve **MANY RISKS OF INJURY**, including, but not limited to, those outlined above.

DATE

PARENT/LEGAL GUARDIAN SIGNATURE