

St. Bartholomew Athletic Association

Parent/Guardian: Please read carefully and sign below.

MEDICAL RELEASE

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the St. Bartholomew Basketball League. Should emergency medical treatment be necessary and I cannot be reached immediately, I authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I further understand that parish representatives are NOT permitted to dispense medication. In the event that my child requires medication during the above described activity, I understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

PHOTO RELEASE

I hereby grant to St. Bartholomew Athletic Association and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release St. Bartholomew Athletic Association and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

Parent/Guardian Name (Print): _____ Date: _____

Signature of Parent/Guardian: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

During the hours of basketball activities I can be reached at: (_____) _____