

The Church of Saint Ann
A Christian Community in the Roman Catholic Tradition

1253 LAWRENCE ROAD LAWRENCEVILLE, NEW JERSEY 08648 TEL: (609) 882-6491 FAX: (609) 882-4366

St. Ann's Athletic Program

Child's Name _____

Parent Names _____ and _____

Address _____

Phone _____

Date of Birth _____ School _____

RELEASE:

I fully understand the possibility of physical injury associated with competitive sports and hereby release, discharge and/or otherwise indemnify Saint Ann Parish, it's affiliated organisations and sponsors, their employees and associated personnel against any claim on behalf of my child as a result of my child's participation in the St. Ann Athletic Program and/or transportation to or from athletic events.

(Parent or Guardian Signature)

(Date)

I fully understand the risk of physical injury associated with competitive sports and appreciate the consequences of these risks. I know the importance of following directions and adhering to all rules both in competitions and during practice.
I, fully understanding the above risks and responsibilities, agree to participate in the Saint Ann Athletic Program

(Athlete's Signature)

(Date)