

**NOTE: The athlete must personally fill in all blanks. Please print clearly.**

\_\_\_\_\_  
Athlete's Name Date of Birth

Year in school (please circle): 9 10 11 12 Homeroom: \_\_\_\_\_

I wish to participate in the sport of \_\_\_\_\_ in the Xavier College Preparatory sports program during the 2003 – 2004 season. I realize that there are risks involved in my participation, and attended a team meeting on (Date) \_\_\_\_\_ where these risks were discussed and explained. The meeting was run by: (Name of School Person)

\_\_\_\_\_. We watched the video entitled "Sports Risk: You Be the Judge", listened to presentations by our coach(es) and had an opportunity to have all our questions answered. I understand that the risks include a full range of injuries from minor to severe. I recognize the possibility that I might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of my participation in this sports program. I realize that neither the protective equipment and padding used in the sport, the safety rules and procedures of the sport, the coaching instruction I received nor the sports medicine care I am provided will guarantee my safety or prevent all injuries I might sustain. I agree to accept these risks as a condition of my participation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete Signature