St. Charles Borromeo Catholic School

PLEASE RETURN THIS FORM TO MR. C

Athletic Department Parental Consent Form
Basketball 2025-2026

Player Placement: All eligible players will be placed on St. Charles teams. An individual will only be considered ineligible if the student warrants academic suspension or through conduct not compatible with team practice and play. We do not cut players. We reserve the right to place players on teams according to numbers, competitive levels, etc. If ever we believe a player would be best placed on a team where the majority of the players on that team would be two grades above, we will do so only with parental consent.

It is important that you check closely the practice and game schedules for finishing times. We enjoy spending time with your children, however, we would appreciate your efforts in the picking up of student athletes in a timely manner. If you know in advance you will be late, please set up alternate arrangements. Your consideration in this matter is greatly appreciated.

FAMILY INFORMATION

Student/Participant _____ Grade _____
Parent/Guardian Name _____
Address _____
Best Phone #s to Reach You During This Season _____ , _____
Best email addresses to reach you _____

This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Charles Borromeo School.
I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.
I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Charles Borromeo School its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

_____ _____
SIGNATURE **DATE**

I understand the conditions for team play and am willing to abide by these conditions.
Signature of Student Athlete:_____

OPTIONAL MEDICAL INFORMATION

Medication my child is taking at present _____

Health conditions my child has _____

*If you have specific health concerns about your child, please speak to his/her coach.

Fee: $85.00 (collected through TADS…please do **NOT** send payment)

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***No student should miss out on playing due to the cost. If this is a financial hardship for your family, please contact Danny Kieffer at stchbschool@gmail.com.**