

**St. Mary's Catholic Church and School
101 Hampton Avenue
Greenville, SC 29601**

**St. Mary's Sports Program
Adult Release Form**

I _____ request to be allowed
(Name)
to participate in _____.

In the event of an emergency or should I require medical assistance, I authorize the adults in charge to seek such assistance and /or treatment. If such an incident should occur, I release from any liability: my parish and / or school and its staff, the Dioceses of Charleston, the organizers, chaperones, and other adults responsible for running this program. If necessary, my emergency contact can be reached at:

Phone # _____

Name of Emergency Contact _____

My Signature _____

Health Insurance Company _____

Policy Number _____

Subscriber _____

Please list below any medication being taken by you: _____

I am allergic to: _____