

# MARQUETTE MANOR BAPTIST ACADEMY

333 75<sup>th</sup> Street | Downers Grove, Illinois 60516 | (630) 964-5363 | [www.marquettemanoracademy.org](http://www.marquettemanoracademy.org)

## ATHLETIC PERMISSION AND TREATMENT RELEASE 2025-2026

*Please complete the entire form for each child playing sports.*

Student _____	Birthday _____ Age _____ Grade _____
Address _____	Home Phone _____
Father's Name _____	Mother's Name _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

### PARENT/GUARDIAN RELEASE FOR SPORTS PARTICIPATION

With participation in the athletic program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume full responsibility for the risks of injuries, including death, damages, or loss which may occur as a result of participation in any and all activities connected with or associated with such a program. I also acknowledge that the school has provided me with information from IHSA regarding concussions.

I agree to waive and relinquish all claims that I may have against Marquette Manor Baptist Academy and its officers, agents, servants, volunteers, and employees as a result of sports participation. I do hereby fully release and discharge Marquette Manor Baptist Academy and its officers, agents, servants, volunteers, and employees from any and all claims from injuries, including death, damage, or loss which may occur as a result of participation in sports. I further agree to indemnify and hold harmless Marquette Manor Baptist Academy and its officers, agents, servants, volunteers, and employees from any and all losses sustained from injuries, including death, damages or losses sustained and arising out of, connected with, or in any way associated with the activities of the sports program.

This Waiver and Release of All Claims applies to the above-named minor.

I have read and fully understand the above Waiver and Release of All Claims.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY MEDICAL CONSENT FORM

I, the undersigned parent or guardian of the child listed above, give my permission for emergency medical treatment of my child for illness or accident if I cannot first be contacted. I agree to be fully responsible for all medical bills incurred for any necessary treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### INSURANCE INFORMATION

Company Name	_____
Policy Number	_____
Group Number	_____