ARCHDIOCESE OF MILWAUKEE

Parent's and/or Legal Guardians

Risk Acknowledgement and Consent to Participate Form

Participant	articipant Birth Date		
Address			
Parent/Guardian Address			
Home Phone:	Work Phone:	Cell Phone:	
2) Parent/Guardian			
Parent/Guardian Address			
Home Phone:	Work Phone:	Cell Phone:	
I/We realize that there are r	ticipate in the sport(s) of (lis	during thearticipating in the above li	isted sport(s). These
concussions, permanent dis impair my/our child's futur activities and to generally e	not limited to): sprains, con ability, internal injuries, par e abilities to earn a living, en injoy life. I/We have been in on in the above listed sports	alysis and possibly death. ngage in business, social, a nformed about the various	These risks could and recreational risks associated
	lity and certify my/our child l in the past two years. Furt hild's participation.		
	voluntary participation in the ks as a condition of my/our ch		ve agree to accept all
Parent/Legal Guardian	Date		
Parent/Legal Guardian	Date		
Form 6145.2(b)		Archdiocese	e of Milwaukee

Form revised: 5-6-97

9/4/2007