

Cicero Preparatory Academy

Summer Activities Waiver

Parent Consent

I, as parent/guardian, understand that Cicero Preparatory Academy is not insuring my child under any health or accident insurance program, and that my child's participation is covered only under whatever insurance program I have in place. In addition, I realize there is a possibility that my child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities. I further understand that Cicero Preparatory Academy disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, paramedics, etc., arising out of or by virtue of an injury to my child while participating in such interscholastic competition or preparation thereof.

Injuries

Cicero Preparatory Academy works hard to establish a safe environment for your athlete to grow and mature in their chosen sport(s) while avoiding serious injury. To that end our coaches spend a great deal of time teaching players proper techniques and skills as well as strength, flexibility, and conditioning drills that can help them remain injury free. Injury, even serious injury such as paralysis and death, is a risk inherent in any athletic endeavors, and an even greater risk in those sports involving a great deal of physical contact. Cicero Preparatory Academy does not carry insurance that would cover the medical costs for your son/daughter should they be injured. AS A PARENT OF A STUDENT ATHLETE, I HAVE READ AND UNDERSTAND THE INHERENT RISKS ASSOCIATED WITH MY STUDENT PARTICIPATING IN ATHLETICS. I UNDERSTAND THAT EVEN IF MY ATHLETE AND THE COACHING STAFF EXERCISE ALL PRECAUTIONS, MY ATHLETE COULD STILL SUSTAIN A SERIOUS INJURY. I WILLINGLY ACCEPT AND ULTIMATELY ASSUME THE RISK OF SUCH INJURY.

Athlete Name: _____

Today's Date: _____

Scholar Birthdate : _____ Emergency Contact Number: _____

Parent Signature: _____

Please list any medical conditions our coaches should be aware of on the back of this page