

St. Viator Primary Gym Consent Form

Family Name: _____

Child (ren)'s Name, Age, Grade:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

I agree to the following conditions:

I agree to participate in one of the following insurance coverage options:

___ I have enrolled my child(ren) in the Student Accident Insurance provided through St. Viator School.

___ Through my own insurance, I have adequate coverage for any and all injuries. I also agree to notify the program supervisor should my coverage change at any time during the program.

Insurance Company: _____ **Policy Number:** _____

The Primary Gym program is intended to provide a safe and fun environment for kids and parents to explore new sports activities. Parent/guardian must accompany children.

I agree to provide the following Emergency and Health information:

Adult to contact: _____ Relationship: _____

Phone Number: _____ E-mail: _____

Special Health/Physical conditions, if any: _____

If you or the above named individual cannot be reached, and in the judgment of the program Supervisor, immediate medical care is indicated: Do you authorize the program supervisor to summon emergency medical attention (911)? Yes _____ No _____

Do you give permission for your child (ren) to be photographed for our website and/or print advertising of our Primary Gym Program?

Yes _____ No _____

Signature of Parent/Guardian: _____ Date: _____

Program Cost: \$20.00 per family. Make checks payable to: **St. Viator Athletic Association**. Form and payment can be turned in at the gym, or sent through the school office - "c/o: Primary Gym"

This form is also available online at www.stviatorchicago.org



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