

# 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: \_\_\_\_\_

This form is also available online at [www.stviatorchicago.org](http://www.stviatorchicago.org)



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