



**Regis St. Mary**  
CATHOLIC SCHOOL

**Regis Campus**  
550 W. Regis Street  
Stayton, OR 97383  
503-769-2159  
503-769-1706 fax

**St. Mary Campus**  
1066 N. 6th Avenue  
Stayton, OR 97383  
503-769-2718  
503-769-0560 fax

[www.regisstmary.org](http://www.regisstmary.org)

# Athletic Participation Consent Form

I hereby give my consent for my child to participate and compete for Regis St. Mary School in OSAA approved sports and to travel with the team when necessary.

In case of injury to my child, I understand the coaches will contact the emergency number or numbers I have listed below. Upon notification, as the injured player's parent/guardian, I will exercise one of these options:

1. Pick up the injured player and transport him or her to the doctor.
2. Call an emergency vehicle to transport the injured player to emergency medical care.

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Student Name

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Pertinent Medical Information (e.g. allergies, medical conditions, etc.)

## Persons to Notify in Case of Emergency *(Please list in order of priority)*

Name

Relationship

Phone

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

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Parent/Guardian Signature

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Date