



**Bishop John J. Snyder Catholic High School  
Student Athlete Participation Application  
2008-2009**

**VOLUNTEER DRIVER INFORMATION FOR PRIVATE TRANSPORTATION**

Student name \_\_\_\_\_ Driver's License # \_\_\_\_\_ Insurance Company \_\_\_\_\_

I request that the above-named student be allowed to transport fellow athletes to and from athletic contests sanctioned for student drivers by school officials. I hereby release and discharge the Diocese of St. Augustine, Bishop Victor B. Galeone, Bishop John Snyder High School, its agents and employees, from liability growing out of personal injuries and property damage resulting or occurring during transport to and from said activity.

X \_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ Date \_\_\_\_\_

**PASSENGER INFORMATION FOR PRIVATE TRANSPORTATION**

Student name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby request that the above-named student be allowed to be a passenger in a privately-operated vehicle to and from athletic contests sanctioned for student drivers by school officials. I hereby release and discharge the Diocese of St. Augustine, Bishop Victor B. Galeone, Bishop John Snyder High School, its agents and employees, from liability growing out of personal injuries and property damage resulting or occurring during transport to and from said activity.

X \_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF WARNING BY STUDENT ATHLETE**

I, \_\_\_\_\_, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Bishop John J. Snyder Catholic High School that by participating in the sport(s) of \_\_\_\_\_, I may suffer serious injury, including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport(s). I hereby acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport(s).

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_  
*Signature of Student Athlete* \_\_\_\_\_ *Signature of Parent/Guardian* \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF WARNING BY PARENT/GUARDIAN**

I, the parent/guardian of \_\_\_\_\_, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Bishop John J. Snyder Catholic High School that my child named above may suffer serious injury including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my child's limbs; brain damage; paralysis; or even death by participating in the sport(s) of \_\_\_\_\_. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above, I hereby request that \_\_\_\_\_ be allowed to participate in the above sport(s).

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ *Signature of Witness* \_\_\_\_\_ Date \_\_\_\_\_

*"All information provided by the family for this student will be protected by school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared **only** with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary."*