

**Wesley Schools  
243 Johnston Road  
Pittsburgh Pa 15341  
412-833-6444**

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**PARENTAL SPORTS ACKNOWLEDGMENT WAIVER & INSURANCE FORM**

As the parent(s) or legal guardian(s) of the student listed below, I hereby give full consent and approval for my child to participate in the Wesley Schools sports program. I understand and acknowledge that there are certain risks of injury inherent in the practice, play, travel and any other related activities incidental to my child's participation in the sports program.

**\* I understand that Wesley Schools does not provide health/dental/accident insurance for participants in such programs but requires participating students to have health insurance coverage sufficient to provide for medical and dental services required to treat any injury sustained or incurred as a result of participating in the sports program.** I do hereby inform Wesley Schools that my child is adequately covered by the medical insurance listed below. I understand that responsibility for payment of medical expenses as a result of personal injury or other loss of any type incurred during participating in a sport is my/our responsibility. I further authorize Wesley Schools to seek medical treatment for my child at my cost if the need arises.

I also certify that my child is fully capable of participating in any sport that Wesley Schools offers and that my child is healthy and has no physical, mental disabilities, or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participating, I do hereby waive, release and hold harmless Wesley Schools, its officers, coaches, employees, supervisors, and representatives for any and all claims for personal injuries, property damages or wrongful death occurring to my child as a result of participating in any and all activities connected and associated with all of Wesley Schools sports regardless of cause or fault.

This form must be completed and signed by the student-athlete's parent/guardian prior to a student's participation in an athletic contest and shall be kept on file with Wesley K-8. By signing this form, the parent/guardian has read all the rules and regulations about the JRB sports program and will comply with them the entire school year. This form also lets your child participate in any of the sports that the school offers. All sports are during the regular schools' hours, with no events or practices after school. Wesley will provide jerseys, but each student needs to wear black shorts or sweatpants to sporting events.

If students cannot get either, please let me know.

Wesley JRB and the coaching staff are grateful for all the parents and their support thus far. Your cooperation and participation are vital to a successful season and the continuation of the program. Please call or email me with any questions or concerns you may have.

9/1/2022

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\* Student's Name: \_\_\_\_\_

\* Insurance Company: \_\_\_\_\_

\* Policy Number: \_\_\_\_\_

**THIS MUST BE FILLED IN! This form will not be accepted without a policy number.**

**Emergency Contact Number**

\*Name: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

\* Parent Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_