



**SARATOGA CENTRAL CATHOLIC SCHOOL**

247 Broadway, Saratoga Springs, NY 12866  
Phone (518) 587-7070 • Fax (518) 587-0678  
www.saratogacatholic.org

L. Stephen Lombard | Principal  
Margot Barnes | Director of Guidance & Admissions  
Dennis Ostrowski | Assistant Principal/IT Administrator  
Sandra A. Tarkleson | Director of Advancement & Development  
Alphonse Lambert | Director of Athletics

**Medical Consent, Permission and Release Form  
(Extra Curricular)**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_,  
(Name of Parent or Guardian) (Name of Student)

authorize the employees, representatives and chaperones of *Saratoga Central Catholic High School* to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in *Saratoga Central Catholic High School* and \_\_\_\_\_, on \_\_\_\_\_,  
(Description of Activity) (Date of Activity)

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and the telephone number(s) are:

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

I consent and give permission for my child's participation and attendance in this activity. In consideration of my child's attendance and participation, I hereby, for myself, my heir, executors, administrators and assigns, waive and release any and all claims for damages I may have against *Saratoga Central Catholic High School*, the Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my child while participating in this activity.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Guardian)

\*\*\*\*\*

As a student of *Saratoga Central Catholic High School*, I understand and agree to follow the rules and regulations as determined by the School and the Diocese of Albany for this activity. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the activity and that I will be sent home at my own and/or parent's/guardian's expense.

**Parent/Guardian**

**Student Participant**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

*We are God's people sharing a responsibility to witness God's unconditional love and to bring Christ's healing presence to our world.*