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 ins	urance 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 program supervisor should my coverage ch		- ,
Insurance Company:	Policy Number:	
The Primary Gym program is intended to provi new sports activities. Parent/guardian must ac I agree to provide the following Emergency and	ccompany children.	
Adult to contact:	Relationship:	
Phone Number:	E-mail:	
Special Health/Physical conditions, if any:		
If you or the above named individual cannot be immediate medical care is indicated: Do you au attention (911)? Yes No		
Do you give permission for your child (ren) to be Primary Gym Program?	e photographed for our webs	ite and/or print advertising of our
Yes No	_	
Signature of Parent/Guardian:		Date:
Program Cost: \$20.00 per family. Make checks be turned in at the gym, or sent through the sch		

This form is also available online at www.stviatorchicago.org

VIAIOR Elementary School